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The guide was developed on the basis of advice from a widely representative committee appointed by the Colorado State Department of Public Health. The materials were tested in a course in an urban center and a course in a rural center. The initial portion of the manual presents: (1) guidelines for organizing preparatory nurse aide courses, (2) guidelines for orientation and inservice education for aides who have had preparatory courses, and (3) forms for student and employer evaluation of the courses. The remainder and major portion of the guide presents course outlines for the basic course for nurse aides and the supplementary course for those who are to work as home health aides. Course outlines include guidelines for preparation and teaching evaluation, and experience record forms, job descriptions, and lesson plans. The time allotment for the basic course is 180 hours and for the supplementary course 60 hours. (JK)

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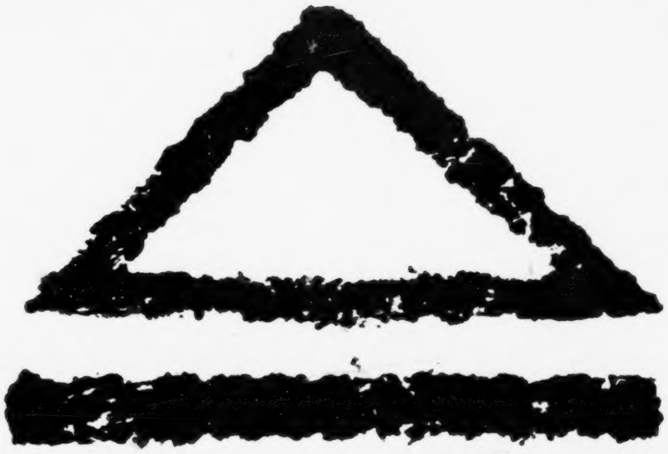
PRE-SERVICE EDUCATION for NURSES' AIDES



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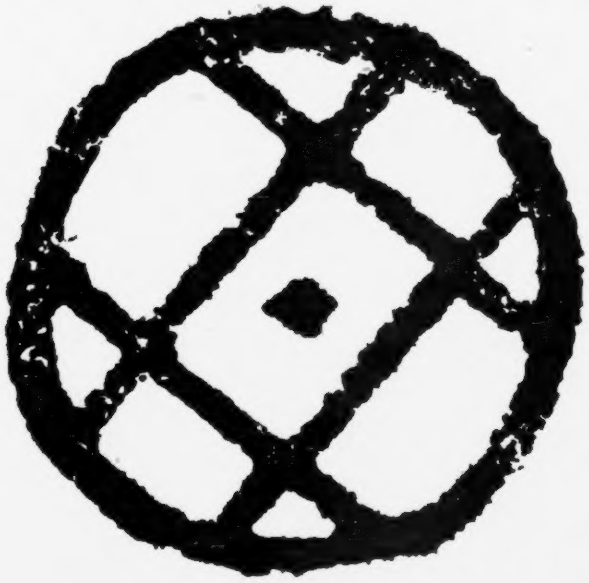

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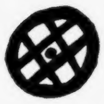
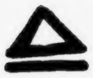
3 COLORADO STATE DEP~~ARTMENT~~T. OF PUBLIC HEALTH, Denver. Nursing Section

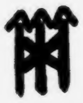
The three symbols appearing in this booklet are ancient signs once used in place of the written word.



This sign pictures the Circle of Man's Life. This is a symbol for the whole person nurses' aides will be serving. The outer circle means physical man. The lines drawn within it mean man's strength and intellect. The Center point is man's soul.



The Home or Shelter sign indicates the areas in which nurses' aides will be learning to work.



This is the Sign for Unity signifying the unity of purpose of those working together for the health and well-being of people who use the services of hospitals, nursing homes, and home health agencies.

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
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PRE-SERVICE EDUCATION FOR NURSES' AIDES
in Hospitals
Nursing Homes
Home Health Agencies

Prepared by:

Nursing Section
Colorado State Department of Public Health
1967

PREFACE

Background and Need

In order to provide for additional services included in the Health Insurance Bill for Home Health Agencies, a program was needed to provide uniform preparation and use of the home health aide. At the same time, hospitals and nursing homes were expressing their need for prepared nurses' aides.[1] Reports of demonstration programs indicated that the relationship of the home health aide and the public health nurse was similar to the relationship of the nurses' aide and the registered nurse.

To verify this information, an informal study was done which showed that: 1) There are common elements in the functions of the two groups. 2) At present there is wide variance in the preparation and performance of nurses' aides. 3) The prospective employer has no means of knowing how much preparation the individual has had. 4) Placing the educational program under vocational education would relieve the health agency of this responsibility.

The study thus pointed out the need to develop criteria for pre-employment preparation and to encourage standardization of nurses' aide courses in Colorado. A basic course which would serve as initial training for all nurses' aides would help meet these needs.

With these factors in mind the Home Care Advisory Council to the Colorado State Department of Public Health appointed an Advisory Committee with representatives from the following groups: Colorado Nurses' Association; Colorado Medical Society; Colorado Hospital Association; Colorado Associated Nursing Homes; Colorado League for Nursing; a local health department; a visiting nurse service; a homemaking service; Colorado Department of Education, Board of Vocational Education[2]; Colorado Department of Employment; Colorado Department of Welfare; Colorado Office of Economic Opportunity; Colorado State Board of Nursing; Colorado State Board of Practical Nursing; University of Colorado School of Nursing; American National Red Cross; and Women in Community Service.

The beliefs upon which this Nurses' Aide Advisory Committee functioned were:

1. The nursing profession has a responsibility for the quality of all nursing service to patients. Therefore, we believe that standards for curriculum and clinical practice should be established by nurses.
2. There is a role for nurses' aides in patient care.
3. There is a need for a standard program for nurses' aides in the State of Colorado.
4. There are certain fundamental principles basic to the preparation of nurses' aides.
5. The basic pre-service education for nurses' aides should be an intensive short course administered through an educational institution. It should include both theory and clinical practice.
6. Those skills which are not included in the pre-service education for nurses' aides will need to be developed by the health agency on the job.
7. A planned system of evaluation will be part of the nurses' aide program.
8. Support by the agencies represented on this committee is needed for standardization and implementation of this program.

[1] In this material, nurses' aide is defined as: all persons not licensed by law to practice nursing but who participate in patient care and may have titles, such as, orderlies, nursing assistants, attendants, etc.

[2] Changed July 1, 1967, to Colorado State Board for Community Colleges and Occupational Education.

The functions of the Nurses' Aide Advisory Committee were:

1. To develop standards for nurses' aides which would include: criteria for selection of students, curriculum, and evaluation of students.
2. To develop the evaluative materials which would assess the curriculum and the performance of nurses' aides.
3. To develop guidelines for the nursing personnel in the utilization and supervision of nurses' aides.
4. To develop standards and qualifications of the faculty for the educational institutions.
5. To develop criteria for selection of clinical facilities for the educational institutions.
6. To develop uniform standards for the preparation and use of the home health aide in the state of Colorado.

Development of Program Guide

Based on the advice of this committee and on literature relating to preparation of nurses' aides and home health aides, this *Pre-service Education for Nurses' Aides in Hospitals, Nursing Homes, and Home Health Agencies* has been developed. The materials in this program guide were tested in two courses, one taught in an urban center, and the other in a rural area. Assistance in completing the manuscript was given through the Colorado Associated Nursing Homes, Incorporated, which had a contract with the Public Health Service, Department of Health, Education and Welfare (Number PH 110-31).

Purpose

The purposes of this guide are to 1) assist in establishing standardized pre-employment nurses' aide courses; 2) provide guidelines for employing agencies for the orientation and in-service education needed by nurses' aides with this preparation; 3) provide evaluative materials; 4) provide a simple, easy-to-use guide for instructors; and 5) provide the supplemental course needed by home health aides. This will 1) facilitate maximum learning in minimum time, 2) improve the quality of care given by nurses' aides, 3) increase the number of available prepared nurses' aides in Colorado, and 4) encourage use of a nurses' aide course leading to a certificate from the Colorado State Board for Community Colleges and Occupational Education which will assure the employer of the basic preparation for nurses' aides whom he hires.

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PART I

ESTABLISHING A NURSES' AIDE COURSE

INTRODUCTION

Education for an occupational course is a cooperative undertaking which must be shared by both educational and service institutions in order to produce the best results.

It is desirable to have this course taught under the auspices of the local vocational education administration which may be known as adult education and is usually a part of the local school district. To accomplish this, the local health agencies request the course from the vocational education administration which will facilitate the organization of the course including an advisory committee.

The Nursing Consultant for the Colorado State Department of Public Health (4210 E. 11th Avenue, Denver, Colorado 80220), the Supervisor of Health Occupations for the Colorado State Board for Community Colleges and Occupational Education (32 State Services Building, Denver, Colorado 80203), and/or the Coordinator of Nurses' Aide Training for the Colorado Associated Nursing Homes (1600 Sherman Street, Denver, Colorado 80203) are available to assist in the establishment of courses.

PROCESS FOR ORGANIZING COURSE

Step I. Advisory Committee

The development of an advisory committee serves several purposes. It brings together those interested in nurses' aide training in order to facilitate planning. The joint efforts of the advisory committee members insure development of a program to fit the community. The advisory committee stimulates community interest and encourages support, financial and otherwise.

The advisory committee should include representatives from hospitals, convalescent centers, nursing homes, facilities for care of the chronically ill and public health. Nursing groups, the medical society, groups having funds for training purposes, and employment agencies may also be represented.

The size of the advisory committee will vary with the community but should be kept small enough so it can function smoothly.

For more detail on the purpose and function of advisory committees, refer to the booklet *Advisory Councils are Essential to Vocational Education Programs in Colorado*. (Published April 1967 by Colorado State Board for Vocational Education and may be obtained from Colorado State Board for Community Colleges and Occupational Education, 32 State Services Building, Denver 80203.)

Step II. Funds

Funds for payment of an instructor, securing teaching supplies, financing students, and the like may be obtained from various sources. Some type of funding is necessary since it makes pre-employment preparation possible, thus saving the employer the cost of beginning to teach an individual only to find that they are not fitted for nurses' aide work; that they leave before they complete the course; or that they have worked for only a short time. Part of the cost of the instructor and teaching supplies may be met by Vocational Education; in this case, matching funds from community sources are needed. Sources of funds may include fees, donations, or monetary support given to the course and/or students by the institutions for which they will work. Organizations which administer training programs will often pay a stipend to specific trainees. Some of these programs are Title V, A.D.C. (Aid to Dependent Children) and War on Poverty.

Step III. Teaching Facilities

A school, nursing home, or nearby hospital may be able to provide classrooms. Supplies and equipment may be obtained from one or several of the participants in the course. (See Exhibit I, page 6)

The facility used should have approximately eight medical-surgical patients for each student having clinical experience. In order to insure adequate clinical experience for each student, the course experiences must be coordinated with other educational programs using the same facilities. It is essential that the personnel in the facility be oriented to the course with interpretation of: 1) How the course will be set up and taught. 2) The staff's responsibilities to the instructor and students, e.g., the coordination of activities needed to help the students have a meaningful experience. 3) What the course means to aides who have not taken it and are currently employed.

Step IV. Instructors

The minimum criteria for selecting the instructor includes:

1. preparation
   Registered Nurse
   Baccalaureate degree in an approved NLN course
2. experience - two years experience in professional nursing, preferably with one year in teaching or a related area as public health nursing.

A professional nurse instructor or instructors may be found at one of the institutions involved, through advertisements, or by word-of-mouth.

Assistance in use of the teacher's guide, planning of specific lessons, and obtaining teaching materials is available to individuals or groups of instructors through the nursing consultant for the Colorado State Department of Public Health, the Supervisor of Health Occupations for the Colorado State Board for Community Colleges and Occupational Education, or the Coordinator of Nurses' Aide Training for Colorado Associated Nursing Homes, Inc.

Step V. Students

A. Recruitment of students

Students may be recruited by word-of-mouth, advertisements, the State Employment Service, and other community agencies.

B. Criteria for selection of students

Age:	Open. Evaluated by maturity and ability to accomplish the expected work. The optimum age range is from 21 to 50 years.
Education:	Ability to pass the Specific Aptitude Test Battery available through the Colorado State Department of Employment at the level found to insure reasonable success as a nurses' aide.
Experience:	No aide experience is necessary, but previous work experience is to be evaluated through references from employers.
Health:	Good general health and absence of any illness or disability that would interfere with performance. A physical examination by a physician is required which includes a chest X-ray, a CBC and a urinalysis. A stool culture is desirable.

Personal: Integrity and reliability are to be substantiated through references. Maturity, stability, a genuine liking for and understanding people, the ability to adjust to different family standards and backgrounds, personal qualities of resourcefulness, initiative, tact, and good judgment are to be evaluated through a personal interview.

C. Steps to follow in selection of students

1. Arranging for the Specific Aptitude Test Battery to be given.
2. Group interview by a professional nurse.

   A group interview provides an ideal setting to describe the course and nurses' aide's work, both good and bad features, in order to clear up misconceptions and to be sure the applicants have a realistic attitude.

   Student cost sheets (Exhibit III, page 8) and nurses' aide job descriptions (Exhibit XVII, page 40) may be distributed.
3. Application form. (Exhibit II, page 7)
4. Individual interview by a professional nurse.

   The individual interview is essential to evaluate an applicant accurately and to do final screening.

   The Application form should be read before the interview to identify specific areas to be discussed further. These might include the types of jobs held, reasons for leaving, etc. During the interview several major areas which should be evaluated are: a. personal appearance; b. poise, alertness and maturity; and c. motivation for entering course. Calls to past employers help to verify the accuracy of the applicant's report.
5. Notification of acceptance or rejection.
6. Physical examination (Exhibit IV, page 9).

Step VI. Application for the Certificates

Only those students successfully completing the course should receive certificates. The students who are evaluated as being incapable of giving safe and adequate care should be counseled to drop the course.

Approximately two weeks before the end of the course the certificates should be requested from the Supervisor, Health Occupations, Colorado State Board for Community Colleges and Occupational Education, 32 State Services Building, Denver, Colorado 80203. The request should include the following information:

1. Nurses' Aide Course.
2. Name as it is to appear on the certificate.
3. Rating of Satisfactory or Excellent in the two categories of theory and clinical experience.
4. If Supplemental Course for Home Health Aides has been included, a third category, Home Health Aide Course, with the rating, should be added.

EXHIBIT I

CLASSROOM EQUIPMENT AND SUPPLIES

A. Classroom
- Student desks
- Desk and chair - Instructor
- Wastebasket
- Blackboard
- Bulletin board
- +Movie projector - 16 mm
- +Slide projector
- +Movie screen

B. Laboratory Area

Patient unit. (It is preferable to have one unit per 2-3 students for optimum learning experience.)

- Bed with mattress
  - Mattress cover
  - Mattress pad
  - Sheets - 4
  - Drawsheets - 2
  - *Rubber or plastic drawsheet
  - Pillows - 1 or 2
  - Pillow cases - 2 or 3
  - Bedspreads - 2
- Chair
- *Footstool
- *Overbed table
- Bedside table
  - bath blanket - 2
  - bathtowel - 2
  - *facetowel - 2
  - washcloths - 2
  - gowns - 2
  - wash basin
  - emesis basin
  - soap, soapdish
  - lotion or alcohol
  - toilet paper
- *Screen

On hand.
- Wastebasket
- Rags
- Soap
- Paper towels
- Footboard
- Siderails
- Trapeze
- Restraints
- Commode chair
- Wheelchair
- Cart
- Crutches, cane
- Walker
- *Braces
- Water pitcher
- Drinking glass
- Straws
- Meal tray (with tea, etc.)
- Asepto with rubber tip
- Measuring graduate
- Bedpan
- Urinal
- Fracture pan
- Specimen containers
- Catheters, external - foley, straight
- Drainage bag and tubing
- Catheter clamps
- Chux, etc.
- Enema can, tubing, clamp, rectal tube
- Lubricant
- Bath thermometer
- Disposable enema set(s)
- Mouth care tray
- Bath mat
- *Sitz tub
- Nail file, scissors
- Comb
- Razor - safety, electric
- Thermometer tray
- Scales
- *Ophthalmoscope
- *Vaginal speculum
- Clinitest - Acetest - Testape
- Records:
  - Diet
  - Intake - Output
  - Specimen requests
  - Sample chart forms
  - Assignment forms
  - Report forms

* Optional
+ May borrow

EXHIBIT II

APPLICATION FOR NURSES' AIDE COURSE

Birth Date___/___/_____ Age______Name____
Last First Middle Maiden
Address________________________________Zip_________Phone___________
Circle right answer:
Male - Female Single - Widowed - Married - Divorced - Separated
Citizen of U. S. Yes - No
Nearest relative____
Address______________________________________Phone__________
Business Address_____________________________Phone__________

Education: Circle Highest Grade Completed 1 2 3 4 5 6 7 8 9 10 11 12 Year Graduated

Name other courses or schools attended	City and State	Subjects studied	Date completed

Work Experience: Start with most RECENT position. (Past 6 experiences only).

Name and Address of Employer	Dates of Employment Month & Year		Work done	Reason for leaving
	From	To		

Are you receiving aid?_____Social Security Yes___No___Other__________________
Veterans Administration Yes___No___Aid to Dependent Children Yes___ No___
What financial arrangements can you make to take the course? (Use of savings, husband's assets, etc.)____
Number of Children______ Ages________________________
Who will help with care of children? (consider illness) Name - Address______________
____
____

Are you in good physical and mental health? List illnesses for past 10 years:

Date	Illness, operation, etc.	Doctor who treated you

Interviewer's notes (cont'd. on back)

Signature____________________
Social Security Number____________

EXHIBIT III

ESTIMATED COSTS TO STUDENT

Uniforms	
3 - white	$18.00
Women - One piece with short sleeves and one inch below the knee in length	
Men - White shirt and slacks	
White shoes	$10.00
Shoe polish	$ .50
White underclothes	
Women - plain, beige street hose	
Text	$ 5.00
Miscellaneous	
Watch with second hand	$12.00
Pen or pencil and paper	
Transportation costs and meals	
Physical examination as chest X-ray, etc.	

EXHIBIT IV

PHYSICAL EXAMINATION
NURSES' AIDE COURSE

Name ______________________________ Age ______________

Chest X-ray ____

Urinalysis ________________ CBC ________ Serology ____________

Throat culture ____________________ Stool examination ____________

Other ____

Immunizations: Smallpox ______ Polio ______ Diphtheria ______ Tetanus ______

****

PHYSICAL FINDINGS

Throat ____________________ Lungs ________________________

Heart ______________________________ Blood Pressure _____/______

Gastro-intestinal tract ________________________________

Other ____

____

____

____

____

____

Passed ____________

Rejected ____________

____
Examining Physician

PART II

GUIDELINES FOR EMPLOYING AGENCIES

The following guidelines have been developed for use by employing agencies in planning orientation and inservice education programs for nurses' aides who have taken this course. Use of these guidelines will facilitate the adaptation of these nurses' aides to the specific organization and its specific needs.

Guidelines:

I. Basic orientation to the employing facility should include:

  A. Personnel policies.

  B. Rules and regulations.

  C. Line of command.

II. Orientation should be given to each shift (day, evening and night) as to organization of and routines involved in patient care.

III. Orientation of the nurses' aide to her role on the nursing team should include:

  A. Orientation to the patients and their nursing care plans.

  B. Use made of nursing care plans and team conferences.

  C. Means of sharing information on patient care.

IV. Orientation to special areas such as obstetrics, pediatrics, locked area, and orthopedics should include:

  A. Specific information on the basic principles of the care to be given.

  B. Demonstration, return demonstrations, and continuing evaluation of procedures which were not included in this course.

V. It is recommended that performance reviews be done annually in addition to close daily supervision by the registered nurse in charge.

VI. Education should be continued through planned in-service programs which would reinforce prior teaching and add to basic knowledge.

VII. The C.N.A. Guidelines for Utilization of Nursing Personnel should be used. Stress should be placed on:

  A. The responsibility of the registered nurse for the activities of the nurses' aide.

  B. Type of activities assigned to the nurses' aide.

PART III

EVALUATION OF THE COURSE

14/15

INTRODUCTION

In order to improve the course, evaluations must be done both by those completing the course and those employing these nurses' aides.

An evaluation of the course (Exhibit V, page 18) by the student on the last day of class will help the instructor with her recommendations for improving the course.

The forms shown in Exhibits VI and VII, pages 19 and 20, should be sent out by the agency that initiates the course. After the Advisory Committee has used the information gained, these forms should be forwarded to the nursing consultant who helped establish the course.

Exhibit VI should be sent to the student three months after the end of the course. Exhibit VII should be sent to the employer six months after the completion of the course. More evaluations may be carried out later by the nursing consultant.

EXHIBIT V

STUDENT EVALUATION OF THE COURSE UPON COMPLETION

Student ____________________ Address ______________________________

There no doubt have been times when you have had very successful experiences and some in which you have felt inadequate. We are interested to know what some of these are.

I. Describe one or two experiences in which you felt very successful.

II. Describe a condition for which you felt very inadequate.

III. Discuss any situations in which your feelings or the patient's feelings limited your ability to perform the tasks you had planned.

IV. Discuss any situations in which your feelings or the family's feelings limited your ability to perform the tasks you had planned.

V. How do you feel about being the helping person?

VI. How did you feel the first time you "goofed"?

VII. What would you like to see changed?

EXHIBIT VI

STUDENT EVALUATION OF THE NURSES' AIDE COURSE

TO:
FROM:
PRESENT ADDRESS:
DATE:
WHERE EMPLOYED:

By now you have been on the job for about 3 months and have had a variety of experiences, both good and bad.

We need your help in evaluating the course to help us make the next course better. We would like your opinions on the following items:

I. What did you learn from the course that was most helpful?

II. What was included in the course which you have not been able to use?

III. What else would you have liked to have had in the course?

IV. What would you have liked to have spent more time on?

V. Now that you have been on the job for awhile, how do you feel about working as a nurses' aide?

VI. What are your plans for the future?

EXHIBIT VII

EMPLOYER EVALUATION OF NURSES' AIDE WITH PRE-SERVICE PREPARATION

TO: DATE:

REGARDING:

We would appreciate your comments and examples of experiences with this nurses' aide.

I. Is she punctual, neat, and careful?

II. Does she seem to understand her work? Does she do a good job?

III. Did she get along well with her patient, boss and co-workers?

IV. Other comments.

PART IV

NURSES' AIDE COURSE

INTRODUCTION

The time needed to complete this course is six (6) weeks. This is based on six (6) hours a day, five (5) days a week. The time each day may be varied in order to get the required clinical experience. Depending on community needs and resources, it would be possible to teach three (3) hours per day for twelve (12) weeks.

The supplemental course for Home Health Aides which requires two (2) weeks is a desirable adjunct to the Nurses' Aide Course.

When taught under occupational or adult education, a certificate is issued by the Colorado State Board for Community Colleges and Occupational Education for those successfully completing the Nurses' Aide Course.

This part is devoted to the material basic to teaching the course: 1) philosophy and objectives, 2) preparation for teaching the course, 3) major teaching steps, and 4) evaluation of student.

I. PHILOSOPHY AND OBJECTIVES

Purpose: Both the philosophy and the objectives indicate the goals which are sought as an end product of this course. They suggest broad areas which should be stressed in teaching this course.

The philosophy of this course is:

The registered professional nurse is responsible for leadership of the nursing team. This leadership, with other related functions, cannot be delegated. The nursing team is composed of registered professional nurses, licensed practical nurses and nurses' aides. Each makes a respected, worthwhile contribution to patient care.

The nurses' aide assists with patient care under the direction and supervision of a registered professional nurse. The aide's assistance should be limited to those activities which do not require the knowledge, skill and judgment of the licensed practical nurse or the registered professional nurse. No one group of nursing personnel can or should substitute for another group.

Registered professional nurses have a responsibility for the quality of nursing service provided for patients by hospitals, extended care facilities, nursing homes, and home care agencies.

To this end, it is necessary for registered professional nurses to establish standards for the curriculum and clinical practice of nurses' aides. A short intensive course administered through an educational institution should be the basic, pre-service educational program. It should include a plan of evaluation. Through orientation and in-service programs, the health agency will need to provide its nurses' aide employees the opportunity to develop further patient care skills to fit its particular needs.

A basic core of knowledge and skills is necessary to give quality personal care and to encourage interdisciplinary cooperation.

This course is designed for those individuals who are able to perform nurses' aide activities safety, appropriately and comfortably. Persons who qualify for a more advanced program should be counselled to enter practical, technical or professional nursing programs.

The objectives of this course are to assist the nurses' aide to:

a. Develop beginning skills in meeting the patient's personal needs within her role and responsibilities as a member of the nursing team.

- b. Gain some understanding of basic human needs as they relate to patient behavior and nursing needs.
- c. Develop an understanding of and ability to practice safety measures as they relate to patient care.
- d. Develop beginning skills and accuracy in observing, reporting, and charting.
- e. Understand and practice the basic measures needed to prevent transmission of infection.
- f. Develop increased skills in communication as needed to give quality personal care.
- g. Identify the effects of growth and development as related to patient needs.
- h. Gain a beginning knowledge of nutrition and utilize this knowledge in giving patient care.
- i. Utilize preventive, supportive, and rehabilitation nursing care through cooperation with nursing personnel and with physical, occupational, and speech therapists.

II. PREPARATION FOR TEACHING THE COURSE

1. Read this manual thoroughly.

2. Have teaching materials available or ordered. (See lists of Teaching Aids, pages 28 - 30)
    - a. Order films at least two weeks and preferably longer before the time for which you need them. Arrange for use of projectors, etc.
    - b. Obtain pamphlets, texts, and reference materials.
      A number of teaching materials are suggested although similar materials may be used. Resources for these materials include hospitals, nursing homes, local public health agencies, schools and community organizations. In some cases you may need to obtain materials from the original source.
      Procedures may be used from nurses' aide texts or from agencies involved as teaching facilities. However, care must be taken to stress topics such as value to patient, purpose of procedure, and why important parts of the procedure must be included, e.g., control infection, provide patient comfort.
      Appropriate references from the texts are given in Exhibit VIII, page 31,
    - c. Identify resources where you can obtain teaching models, charts, and the like and arrange to use these.
    - d. Arrange for duplication of materials needed for student information, tests, etc.
    - e. Asterisks in lesson plans indicate procedures and other material needed before teaching the class.

3. Arrange schedule of lessons according to facilities where course will be taught. Sample schedules are included but are not intended to be used except as guidelines. Exhibits IX and X, pages 32 and 33.

4. Plan patient care experience.
    - a. As can be seen on the Sample Schedules, patient care experiences are planned to fit in with classroom learning. This serves to promote optimal learning in the minimum length of time.

      To make the best use of time spent in patient care, the instructor must be on the unit at all times. A return demonstration by each student on each procedure is necessary to evaluate individual comprehension and performance. Some students need to give several return demonstrations before their performance is satisfactory. If return demonstrations have been done in the practice laboratory, periodic reviews of the student's completed procedures (as bedmaking) will help the instructor evaluate the student's practical ability and to predict future work performance. Many questions will arise as the student works with patients. If the instructor is not readily available, these questions may never be answered and poor patient care may be the result. For evaluation of overall patient care, frequent checking and observation by the instructor is essential.

   b. Familiarize yourself with the clinical area.
   c. Assist with orienting the supervising nurse(s) in the clinical areas.
   d. Arrange a student work schedule with the supervising nurses allowing time for ward conferences immediately after completing experience. Refer to Exhibit XI, Guide for Discussing Patient Care, page 34.

5. Check equipment and supplies in your practice lab.
   Arrange for added supplies, special displays, etc. Check Exhibit I, page 6.

6. Arrange for guest speakers and/or assistants. It is recommended that persons from the following disciplines be used in the appropriate areas of instruction:
   a. Social Worker. Toward the end of the first week and after the instructor has discussed the patient and his needs, including communication. Then toward the end of the course to help summarize students' feelings and appropriate actions for situations, such as: taking care of a cranky patient, a demanding patient, a dirty old man, having the boss tell you what to do, etc.
   b. Physical Therapist. Should be introduced when ROM, positioning and ambulating the patient is being taught. During the practical experience the physical therapist could supervise the handling of difficult patients with experiences, such as: helping a patient into and out of a tub with the least possible strain to the nurses' aide's back, helping with toileting and other activities in which the nurses' aide must use her body with greatest efficiency.
   c. Occupational Therapist. Should be introduced when the student is learning about the patient being encouraged to continue his activities of daily living. The relationship of the nurses' aide to the occupational therapist can be developed in the aide's understanding that the occupational therapist does the following:
      1) evaluates how the patient can best accomplish the activities of daily living;
      2) recommends strengthening existing patterns or;
      3) develops new ways which may need to be devised and/or use of adaptive equipment.

      Another area in which the occupational therapist participates is in evaluating the social needs of the patient and offering suggestions for activities needed to enhance the social aspect.
   d. Speech Therapist. Should be introduced during time that emphasis is being put on rehabilitation. The speech therapist would evaluate the condition and action would be taken on his recommendation.
   e. Nutritionist. Should be introduced at the time that fluids and foods are being taught.

III. MAJOR TEACHING STEPS

1. Preparation
   a. Put students at ease.
   b. Learn and utilize the students' past experience.
   c. Introduce student to subject - What he is to learn!

2. Present information or procedure to be learned:
   a. Tell and visually present one important step at a time (use posters, articles, demonstrations, etc.). Many lessons may be covered as round-table discussions with the students bringing out the main points.

b. Stress each key point. Stress the "how" and "why".
c. Go slowly. Speak clearly. Be patient. Encourage questions.
d. Repeat key points using visual materials or demonstration.
e. Describe standards of performance or achievement expected:
    1) Knowledge or skill expected
    2) Time (if applicable)
    3) Accuracy
    4) Quality expected (as patient comfort)
f. Role playing is valuable in discussion of patient reactions.

3. Student demonstration:
    a. Return demonstration, noting key points (until she can do it competently)
    or
    Demonstrate knowledge orally or through written exams and quizzes.
    b. Correct errors. Reteach as needed.
    c. Gradually withdraw support in skill learning, use more difficult questions in testing.

4. Follow-up:
    a. Check knowledge or skill frequently.
    b. Discuss student's progress with him frequently - at least every 2 weeks.
    c. Plan for group conferences after ward experience. Refer to Exhibit XI, page 34.
    d. Attend in-service meetings to stress use of what has been learned and to demonstrate patient care problems.

IV. EVALUATION OF STUDENTS

Student evaluation should be done in three major areas and should be discussed with each trainee at least once every two weeks to encourage optimal student improvement.

1. Personal Attributes

    This evaluation is used to encourage personal improvement and the student's self-esteem. Discussion of this evaluation with the student midcourse and near the end of the course provides the greatest opportunity for improvement. (Exhibit XII, page 35),

2. Quizzes and Tests

    Use of frequent quizzes encourages improvement in the student's ability to express himself in writing, gives a broader base for evaluation, and frequently lessens the student's fear of tests.

    Both theory and procedures are sources for test material. Sample questions plus references to questions in TRAIN are included at the end of each lesson. Sample midterm and final exam questions are included at the end of Part IV.

    Multiple choice, T-F, and fill in the blank questions are preferable due to grading ease because the student who has difficulty expressing ideas is given an opportunity to display knowledge. These questions also demonstrate the trainee's ability to solve problems through eliminating incorrect answers. Essay questions give the student a chance to express ideas and organize thoughts. Both types of questions should be used.

3. Transfer of Learning to Performance

    Following the instructor's demonstration or discussion of a procedure, the performance of each student should be checked often to be sure of competency and correct use of basic principles.

Records need to be kept in three areas. The Student Experience Record (Exhibit XIII, page 36) shows which areas of experience the student has had and which she needs. The Class Experience Record (Exhibit XIV, page 37) provides this information for the clinical area in which the student is working. Evaluation of Procedures (Exhibit XV, page 38) should be used mid-course and near the end of the course to evaluate overall procedural ability.

TEACHING AIDS

Suggested Texts:

Leake, Mary J. *A Manual of Simple Nursing Procedures*, 1966. 4th Edition. W. B. Saunders Co., Philadelphia, Pennsylvania. (This contains steps and things to remember, stresses key points and includes some word definitions and questions at the end of each section.) $3.25

Hospital Research and Educational Trust of New Jersey. *Training the Nursing Aide*, 1965. Order Control Division, American Hospital Association, 840 North Lake Shore Drive, Chicago, Illinois 60611. (Includes procedures and test questions. Good explanation of why care is given.) Student texts $2.50

Colorado State Department of Public Health. *Elementary Rehabilitation Nursing Care*, 1966. (Includes range-of-motion exercises.) Public Health Service Publication No. 1436. Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402, 55¢

Suggested references for instructor:

Nutrition Handbook for Family Food Counseling, Rev. 1965. National Dairy Council, 111 North Canal Street, Chicago, Illinois 60606. (Excellent material on basic nutrition; may be used as student reference material.)

TRAIN (Test Reservoir for Aide Instructors in Nursing), 1965. National League for Nursing. Must be ordered on the order form or official letterhead of your hospital, school or agency from Evaluation Service, National League for Nursing, 10 Columbus Circle, New York, New York 10019. $5.00

TASC (Testing the Aide's Skills with Children), 1967. National League for Nursing. Must be ordered on the order form or official letterhead of your hospital, school or agency from Evaluation Service, National League for Nursing, 10 Columbus Circle, New York, New York 10019. $5.00

Winter, Margaret Campbell *Protective Body Mechanics in Daily Life and in Nursing*, 1952. W. B. Saunders Co., Philadelphia, Pennsylvania. (Excellent background material for teaching body mechanics and patient positioning; also for use with slides, "Posture in Nursing".)

Suggested teaching aids for students:

American Cancer Society 219 East 42nd Street New York, New York 10017	"After Mastectomy" 1959
American Dental Association 211 E. Chicago Avenue Chicago, Illinois 60611	"Toothbrushing" 1965-66. 25/45¢
American Diabetes Association, Inc. 18 East 48th Street New York, N. Y. 10017	"Facts about Diabetes" 1966. 25¢ "Meal Planning with Exchange Lists" 1956
American Medical Association 535 North Dearborn Street Chicago, Illinois 60610	"A New Concept of Aging" 1966. 20¢ each "Operation Lift-Timely Tips" OP 94. 100/10¢
W. A. Baum Company Copiague, Long Island New York 11726	"The Clinical Measurement of Blood Pressure" 1963

Beltone Hearing Aids 323 Symes Bldg., 820 16th Street Denver, Colorado 80202	"What You Should Know About Hearing Aids" 1966
Colorado Heart Association 1375 Delaware Denver, Colorado 80204	"Aphasia and the Family", 1965 (EM 360) "Do It Yourself Again", 1965 (EM 359) "The Meaning of Rest", Summer 1965 Cardiovascular Nursing "Medical Aspects of Congestive Heart Failure", May-June, 1967 Cardiovascular Nursing (EM 232) "Sodium Restricted Diet", 500 milligram, 1000 milligram, and 1500 milligram (EM 380), (EM 380A) "Strike Back at Stroke" "Strokes", 1964 "Your Heart and How It Works" large charts and notebook size
Colorado Nurses Association 5453 East Evans Place Denver, Colorado 80222	"Guidelines for the Utilization of Nursing Personnel"
Connecticut Mutual Life Ins. Co. Hartford, Connecticut	Human Relations Program "Needlepoints", 1956 On stress - for women "Worry Go Round", 1955 On stress - for men
Gerber Baby Foods Fremont, Michigan	"A Handbook of Child Safety"
Health Education Service Box 7283 Albany, N. Y.	"The Pre-School Years", 1957
Johnson & Johnson Health Care Division New Brunswick, N. J.	"Home Care and the Incontinent Patient"
Kenny Rehabilitation Institute 1800 Chicago Avenue Minneapolis, Minnesota 55405	"Rehabilitative Nursing Techniques" #1 Bed Positioning & Transfer Procedures for the Hemiplegic #2 Selected Equipment Useful in the Hospital, Home, Nursing Home #3 A Procedure for Passive Range of Motion and Self - Assist in Exercises #4 Self Care and Homemaking for the Hemiplegic 50¢ each
Mountain States Telephone 930 15th Street Denver, Colorado 80202	"Your Telephone Personality"
National Dairy Council 111 North Canal Street Chicago, Illinois 60606	"Basic 4 Chart", foods large size 8 1967 notebook size 7 1966 "Postures on Parade" 37 1967

Public Affairs Pamphlet 381 Park Avenue South New York, N. Y. 10016	"How to Help Your Handicapped Child" #219 25¢ "Keeping Your Teeth Healthy" #363 25¢
Supt. of Documents U. S. Government Printing Office Washington, D.C. 20402 (Local extension offices or Colorado State University may have have these for use without charge.)	"Accidents and Children" CB #48-1959 15¢ "Food for Fitness", 1964, G 424, 5¢ "Your Baby's First Year" CB# 400-1962 15¢ "Your Child from 1-3" CB # 413-1964 20¢
Upjohn Company Kalamazoo, Michigan	"How to Live with Diabetes", 1965 Pyramid Books "You and Diabetes", 1965

Suggested Films:

American Nurses' Association 10 Columbus Circle New York, N. Y. 10019	"Mrs. Reynolds Needs a Nurse" 33"
Colo. State Dept. of Public Health (obtain through local health dept.)	"A Matter of Seconds" 29" "Boy in the Storm" 40" "Dentistry Through the Ages of Man" 23" "Diabetes Unknown" 25" "How to Catch a Cold" 10" "Not Without Hope" 21" "Posture In Nursing" 60-35mm Kodachrome slides "Principles of Development" 20" "Proud Years" 28" "There Is a Way" 35"
Mt. Plains Educational Media Council	"Posture Habits" 10" 3 days/$2.25; 5 days/$3.25 (may use in place of "Posture In Nursing")

Check Sheet

Colo. State Dept. of Public Health 4210 East 11th Avenue Denver, Colorado 80220	"Is Your Home Fallproof?"

EXHIBIT VIII

ASSIGNMENTS

Lesson	Leake, *A Manual of Simple Nursing Procedures*	Hospital Research and Educational Trust of New Jersey, *Training the Nursing Aide* Student Text	Colorado State Department of Public Health, *Rehabilitation Nursing Care*
1	3-12, 20-24	Ch 1; 2:11-14	
2	5-7, 12-13	Ch 1:10-11	74-76
3	14-20	Ch 2:1-8; 3:4-8 22:2-4	
4	40-58	Ch 9:4-7; 13	1-78
5	24-30	Ch 6; 7:3-6; 9:12-14	
6	30-39, 94-98	Ch 5:3-6; 7:6; 9:15; 10:2-7; 11; 20:5-7	71-73
7	59-79	Ch 4; 5; 6:10; 10:7-8; 12	67-70
8	127-135	Ch 8; 9:8-11	
9	80-82, 116-127	Ch 3:4-6; 17; 21	
10		Ch 22	
11	111-113	Ch 1:12-16	
12		Ch 23:6-12	
13	82-84	Ch 3:3-4; 23:4-6	
14			59-66; 79-96
15		Ch 9:4-7; 14	
16			
17		Ch 7:8-13	
18		Ch 20:4	
19		Ch 15; 16; 20; 24	
20		Ch 20:2-4, 7	
21		Ch 19	
22			
23			
24			
25			

EXHIBIT IX. SAMPLE SCHEDULE FOR HOSPITAL-NURSING HOME SEQUENCE

	Monday	Tuesday	Wednesday	Thursday	Friday	
1	Lesson 1 Nurses' Aide 3 Lesson 2 The Patient 2 Tour Hospital 1	Lesson 3 Patient's Room 2 Lesson 4 Moving & Positioning 2½ Practice 1½	Lesson 4 Cont'd. 1 Practice 1 Lesson 5 Food & Fluids 4	Lesson 6 Elimination 2 Lesson 7 Personal Care 2½ Practice 1½	Lesson 7 Cont'd. 1½ Practice 1½ Lesson 8 TPR 2 Discussion 1	30
2	Lesson 8 Cont'd. 2 Discussion 1	Lesson 9 Admission, Transfer, Discharge 3	Lesson 14 Handicapped Patient 2 Lesson 13 Equipment 2	Lesson 15 Cast or Traction 1½ Lesson 16 Convulsions1½	Lesson 17 Diabetes 1½ Discussion 1½	16
	Ward A.M. 3	Ward A.M. 3	Ward P.M. 2	Ward A.M. 3	Ward A.M. 3	14
3	Lesson 18 O_2 2½ Lesson 19 Unconscious Patient ½	Lesson 19 Cont'd. 2 Discussion 1	Lesson 20 Critically Ill Patient 1½ Lesson 21 Death 2½	Lesson 24 Problems of Aging 2 Lesson 12 Safety 1	Lesson 12 Cont'd. 1 Lesson 25 Uncooperative & Confused Patient 2	16
	Ward A.M. 3	Ward A.M. 3	Ward P.M. 2	Ward A.M. 3	Ward A.M. 3	14
4	Lesson 10 Team Nursing 2 Lesson 11 Communication 1	Lesson 11 Cont'd. 3			Lesson 11 Cont'd. 1 Discussion 2	9
	Ward A.M. 3	Ward P.M. 2	Ward 8	Ward 8		21
5	Lesson 6 Cont'd. Bowel and Bladder Trng. 1 Lesson 14 Cont'd. 2 Discussion 2 Tour Nursing Home 1	Lesson 17 Cont'd. 2½ Review ½	Lesson 22 Children 3	Lesson 23 Adults 3	Lesson 24 Cont'd. 1 Review and Discussion 1	17
		Ward A.M. 3	Ward P.M. 3	Ward A.M. 3	Ward A.M. 3	12
6	Lesson 25 Cont'd. 2 Review 1			Final Exam 1	Review, Discussion and Evaluation 1 Graduation 1	6
	Ward A.M. 3	Ward 8	Ward 8	Ward A.M. 3	Ward A.M. 3	25

Practice hours	
Hospital	49
Nursing Home	37
	86

Total hours	
Theory	94
Practice	86
	180

EXHIBIT X. SAMPLE SCHEDULE FOR NURSING HOME-HOSPITAL SEQUENCE

	Monday	Tuesday	Wednesday	Thursday	Friday	
1	Lesson 1 Nurses' Aide 3 Lesson 2 Patient 2 Tour Nursing Home 1	Lesson 3 Patient's Room 2 Lesson 4 Moving and Positioning 2½ Lesson 4 Practice 1½	Lesson 4 Cont'd. 1 Lesson 5-Food & Fluids 4 Lesson 4 Cont'd. Practice 1	Lesson 6 Elimination 4 Lesson 7 Personal Care ½ Lesson 7 Practice 1½	Lesson 7 Cont'd. 3½ Review & Discussion 1 Lesson 7 Practice 1½	30
2	Lesson 12 Safety 2 Discussion 1 Ward A.M. 3 1 bed bath	Lesson 13 Equipment 2 Discussion 1 Ward A.M. 3 1 bed bath	Lesson 11 Communication 4 Ward P.M. 2	Lesson 11 Cont'd. 1 Lesson 10 Team Nursing 2 Ward A.M. 3	Lesson 14 Handicapped Patient 2 Discussion 1 Ward A.M. 3	16 14
3	Lesson 14 Cont'd. 2 Ward A.M. 4	Lesson 24 Problems of Aging 3 Ward A.M. 3	Lesson 8 TPR 3 Ward P.M. 3	Lesson 8 Cont'd. 1 Lesson 17 Diabetes 2 Ward A.M. 3	Lesson 17 Cont'd. 1 Lesson 25 1 Discussion 1 Ward A.M. 3	14 16
4	Lesson 9 Admission Transfer Discharge 3 Ward A.M. 3	Lesson 18 O_2 2½ Discussion ½ Ward A.M. 3	Ward 6	Ward 8	Lesson 19 Unconscious Patient 1 Ward A.M. 3	7 23
5	Lesson 15-Cast or Traction 1½ Lesson 16 Convulsion 1½ Lesson 17 Review 1 Tour Hospital and discuss 2	Lesson 19 Cont'd. 1½ Lesson 20 Critically Ill Patient 1½ Ward A.M. 3	Lesson 21 Death 2 Discussion 1 Ward A.M. 3	Lesson 25 Uncooperative and Confused Patients 3 Ward A.M. 3	Review and Discussion 3 Ward A.M. 3	18 12
6	Lesson 22 Children 3 Ward A.M. 3	Lesson 23 Adults 3 Ward A.M. 3	Ward 8	Final Exam 1 Ward A.M. 3	Review and Evaluation 1 Graduation 1 Ward A.M. 4	9 21

Practice hours	
Nursing Home	53
Hospital	33
	86

Total hours	
Theory	94
Practice	86
	180

c10

EXHIBIT XI

GUIDE FOR DISCUSSION OF PATIENT CARE

As part of the clinical experience, time should be taken for discussion and/or role playing of experiences which have been difficult for the students. Some of the points which should be considered in the discussion are:

I. The Patient

  A. decreased opportunity for emotional release

  B. may feel regimented by hospital routine

  C. is on "bottom of totem pole"

  D. nurse and doctor "know more" than patient and may act as if he knows nothing

  E. the patient needs emotional support (TLC) as he lacks fortitude, needs help

  F. other topics which come up e.g., homosexuals, "dirty old man", sterility, etc.

II. The Nurse

  A. feels the need for emotional support after stressful situations

  B. value of ability to admit error, seek help

III. Stress these Points

  A. explanation to patient

  B. efficiency and body mechanics

  C. human dignity

  D. empathy

  E. safety

  F. observe and report

  G. rehabilitation, i.e., maintenance or restoration of patient's ability to do as much as possible

IV. Planning Patient Care

  A. considering order of importance of tasks

  B. adapting care to individual

  C. flexibility

  D. considering teammates, e.g., treatments to be given by RN, scheduling of trays, doctor's visits, help needed by another nurses' aide

  E. timing

EXHIBIT XII

EVALUATION OF PERSONAL ATTRIBUTES

Name____

	First check	Second check		Comments
Date:	____________	____________		
I. Attendance	(______)	(______)	Absent with leave, illness	Days missed
	(______)	(______)	Absent without leave	
	(______)	(______)	Frequently absent	
II. Punctuality	(______)	(______)	Never late	Tardy:
	(______)	(______)	Occasionally late	Date and
	(______)	(______)	Frequently late	Amt. of Time
III. Appearance A. Uniform, shoes, nails, hair, etc.	(______)	(______)	Always neat	
	(______)	(______)	Usually neat	
	(______)	(______)	Untidy	
B. Posture	(______)	(______)	Good	
	(______)	(______)	Usually good	
	(______)	(______)	Poor	
IV. Interest	(______)	(______)	Eager to learn	
	(______)	(______)	Average	
	(______)	(______)	Indifferent	
V. Relationship with others A. Fellow workers	(______)	(______)	Works well with others	
	(______)	(______)	Cooperative	
	(______)	(______)	Uncooperative	
B. Supervisors	(______)	(______)	Can depend on her	
	(______)	(______)	Usually dependable	
	(______)	(______)	Needs much supervision	
C. Patients	(______)	(______)	Spends extra time with patients	
	(______)	(______)	Talks with patient while giving care	
	(______)	(______)	Avoids patient contact	
VI. Ethics A. Property - handles carefully, not wasteful	(______)	(______)	Always	
	(______)	(______)	Usually	
	(______)	(______)	Seldom	
B. Discretion	(______)	(______)	Does not gossip	
	(______)	(______)	Seldom gossips	
	(______)	(______)	Frequently gossips	
VII. Accomplishes normal assignments in a reasonable length of time	(______)	(______)	Always	
	(______)	(______)	Usually	
	(______)	(______)	Sometimes	
VIII. Adjustment to new experiences	(______)	(______)	Enjoys	
	(______)	(______)	Adjusts to	
	(______)	(______)	Resists	

EXHIBIT XIII

STUDENT EXPERIENCE RECORD

Name____________________________________

As you have experience in each area, record the date of the demonstration by the instructor(d), the date of your return demonstration(RD), and the date your instructor says you have passed your performance test(P).

This will help you to remember what experiences you have had and will help your instructor plan your ward experience.

		D	RD	P
Handwashing				
Patient's light				
Room orderly				
Empty bed				
Occupied bed				
Moving	Bed			
	Chair			
Positioning	Walking			
	Cart			
AM Cares				
Mouth Care				
Bed bath				
Tub-Shower bath				
Back rub				
Decubiti care				
Nail Care				
Care of Hair				
Shaving				
Passing water				
Meal trays				
Feeding patient				
Nourishments				
Measuring intake				
Bedpan/urinal				
Incontinent care				
Bowel & bladder training				
Measuring output				
Specimens	Urine			
	Stool			
	Sputum			
Catheter care				
Enema	Cleansing			
	Disposable tube			
Temperature	Oral			
	Rectal			
	Axillary			
Pulse				
Respiration				
Weight				
Pre-operative care				
OR bed				
Post-operative care				
Ice bag and collar				
Hot water bottle				
Binders				

		D	RD	P
Admitting patient				
Physical exam				
Transferring patient				
Discharging patient				
Cleaning empty unit				
Charting	TPR			
	Observations			
Cleaning equipment				
Cleaning utility room				
Rehabilitation	devices			
	techniques			
Case or traction				
Oxygen				
Diabetic patient care				
Clinitest - Acestest				
Testape				
Convulsive patient				
Unconscious patient				
Terminal care				
Post mortem care				
Patient confused, forgetful				
Patient uncooperative				

EXHIBIT XIV

CLASS EXPERIENCE RECORD

D - Demonstration
RD - Return Demonstration
P - Passed test

Instructor________________________________

			STUDENTS											
		D	RD	P	RD	P	RD	P	RD	P	RD	P	RD	P
Handwashing														
Patient's light														
Room orderly														
Empty bed														
Occupied bed														
Moving	Bed													
	Chair													
Positioning	Walking													
	Cart													
AM Cares														
Mouth Care														
Bed bath														
Tub-Shower bath														
Back rub														
Decubiti care														
Nail care														
Care of Hair														
Shaving														
Passing water														
Meal trays														
Feeding patient														
Nourishments														
Measuring intake														
Bedpan/urinal														
Incontinent care														
Bowel & bladder training														
Measuring output														
Specimens	Urine													
	Stool													
	Sputum													
Catheter care														
Enema	Cleansing													
	Disposable tube													
Temperature	Oral													
	Rectal													
	Axillary													
Pulse														
Respiration														
Weight														
Pre-operative care														

Remainder as Exhibit XIII, Student Experience Record

EXHIBIT XV

EVALUATION OF PROCEDURES

Student________________________________

Date_____________ Date_____________

G - Good A - Adequate P - Poor	G	A	P	Comments	G	A	P	Comments
Assembles equipment								
Communication Explanation Conversation								
Adapts procedure to patient								
Comfort measures								
Encourage self help								
Teaches patient								
Body mechanics								
Safety measures								
Infection control								
Teamwork								
Aware of legal aspects								
Cleans up equipment								
Observant								
Reports adequately								
Charts appropriately								
Takes reasonable amount of time								
Specific incidents:								

EXHIBIT XVI

SAMPLE OF STUDENT SYLLABUS

Text: Training the Nurses' Aide

Booklets and additional reference material will be provided.

CONTENT	ASSIGNMENT
UNIT I INTRODUCTION	
Lesson 1 The Nurses' Aide and Her Job	
I Introduction to class	Text: pp
II Introduction to course	Study job description and organizational chart
III Job description	
IV Self	Booklets: Use of phone; posture
UNIT II BASIC PERSONAL CARE	
Lesson 2 The Patient	Text: pp
I Physical needs	
II Religious needs	
III Emotional and social needs	
IV Communicagion	
Lesson 3 The Patient's Room	Text: pp
I Keeping the room orderly	
II Making empty bed	
III Environmental control	
Lesson 4 Moving and Positioning the Patient	Text: pp
I Introduction	Booklets: Body mechanics; range of motion; rehabilitation, etc.
II The bed patient	
III Using range-of-motion	
IV When out of bed	
Lesson 5 Foods and Fluids	Text: pp
I Normal diets	Booklets: Diet; nutrition
II Modified diets	
III Meal service	
IV Fluids	
Lesson 6 Elimination	Text: pp
I Output	
II Assisting the patient	
III Measuring output	
IV Collecting specimens	
V Catheters	
VI Incontinent care	
VII Bowel and bladder training	
VIII Enemas	
Lesson 7 Assisting the Patient with Personal Care	Text: pp
I Values of personal care	
II Planning personal care	
III Giving personal care	

(Continue with outline as above)

EXHIBIT XVII

NURSES' AIDE JOB DESCRIPTION
(Based on Pre-Service Education)

General Description

Under the direction and supervision of the registered nursing staff, the nurses' aide performs delegated duties relating to patient care.

The nurses' aide is directly responsible to the registered nurse and team leader. This list is not intended as an all inclusive description of the appropriate tasks which may be assigned to the worker by nurses:

The work performed includes:

1. Answering signal lights and bells to determine patients' needs.
2. Dressing and undressing patients requiring help.
3. Assisting in bathing, giving oral hygiene, and related personal care according to the needs of the patient.
4. Transporting patients using wheel chair or wheeled carriage, or assisting them to walk.
5. Changing bed linens.
6. Dusting and cleaning in the personal area in patient's room.
7. Performing errands, directing visitors, and answering telephone.
8. Taking and recording temperatures, pulses, respiration rates, and weights.
9. Measuring and recording intake and output, as directed.
10. Preparing patients for meals and feeding patients requiring help.
11. Providing oral fluids.
12. May clean, sterilize, and store supplies.
13. Regulating temperature, ventilation, and light.
14. Reporting and recording observations.
15. Collecting specimens.
16. Assisting with elimination procedures within the limitations of the educational preparation.
17. Performing duties as assigned within the limitations of the educational preparation.
18. Assisting with self care activities.

Minimum Qualifications:

Age: Open.

Education: Ability to pass the Specific Aptitude Test Battery 282 available through the Colorado State Department of Employment.

Experience: No aide experience is necessary, but previous work experience is to be evaluated.

Health: Good general health and absence of any illness or disability that would interfere with performance. Physical examination by a physician is required.

Personal: Integrity and reliability to be substantiated through references. Maturity, stability and a genuine liking for people; the ability to adjust to different situations without interfering with the responsibility of the family and other health personnel. Personal qualities of resourcefulness, initiative, tact, and good judgment to fulfill the responsibilities of care and assistance required to help the patient and family become self-sufficient.

Salary: A minimum starting wage of $1.25 with adjustments to meet the federal minimum salary standard. Merit increases of 5% should be considered annually for a five-year period.

UNIT I. INTRODUCTION

STUDENT OBJECTIVES:

I. Able to discuss the training program, its objectives and functions, so others can understand it.

II. Able to differentiate between the hospital, nursing home and home health aide programs as to their basic purposes and what each expects of the nurses' aide.

III. Can define the functions of the nurses' aide and is aware of the legal limitations.

IV. Develops a beginning understanding and appreciation of the responsibilities of the nurses' aide as a member of the nursing and health teams.

V. Meets standards of appearance and general behavior.

VI. Demonstrates an awareness of the ethics involved in the position.

LESSON 1

THE NURSES' AIDE AND HER JOB

Time: 3 hours
Supplies:
- For students:
  - Pencils, scratch pads
  - Student folder with syllabus,
  - Name tags
- Text
- Class records
- Reference materials
- Handwashing units

Visual aids:
- Organization chart
- Chart on body mechanics, posture
- "Guidelines for Utilization of Nursing Personnel"
- Films: "How to Catch a Cold" - 10 min
- Slides: "Posture in Nursing"

Assignment:
- Booklets: phone, posture, personal care
- Text

CONTENT	PURPOSE	EXPECTED BEHAVIOR
I. Introduction to class A. To students Introduce and identify self Welcome students *Distribute name tags and Student Records Have each student tell a bit about herself	Example for future N.A. - patient relationships	
B. Discuss course objectives - stress value 1. To student: better prepared for job; jobs always available 2. To others: helps meet need for N.A.; improved nursing care	Student motivation	Able to discuss objectives and functions of training program.
C. Policies: Punctuality and attendance expected Call nursing office if ill, phone number Mealtimes; toilet facilities, etc. Clinical facilities used Length of course *Textbook, watches, etc. needed Means of evaluation		
II. Introduction to course. *Student syllabus (ExhibitXVI, page 39) A. Describe and discuss preparation course provides for hospital, nursing home, home health aides How many have worked in hospital? nursing home? in home? experiences?	Example of orderly planning	
B. Differences among agencies 1. Hospital--acute patient care - restore patient to maximum possible health; Types - public, private, etc.	Encourage thinking as to job desired	Able to list differences between agencies and their expectations of nurses' aides.

CONTENT	PURPOSE	EXPECTED BEHAVIOR
2. Nursing Home - care of aged and long term patients, stress rehabilitation and terminal care, more homelike, patients are basically healthy 3. Home Health Aide - assist patient in home through personal care, child care, meals and/or relieve stress of illness on family		Can tell which they prefer and why, with some insight as to area for which they are best suited.
C. Differences in nurses' aide functions 1. Hospital - assist with patient care with RN supervision 2. Nursing Home - less supervision, more responsibility, need special liking for the aged 3. Home Health Aide - give care with help of Public Health Nurse, less supervision, work with whole family		
III. Job description (Exhibit XVII, page 40) A. Describe skills, encourage discussion of how these fit with the student's expectations, legal aspects.	Legal aspects	Able to list skills. Demonstrates awareness of legal limitations by type of tasks she does.
B. Responsibilities of nurses' aide Discuss: in relationship to patient, employer, supervisor, team members, patient's family, visitors, other personnel	Encourage to note and consider relationships with health team and others.	Able to describe responsibilities to health team members, patient, and family. (Might make individual lists of responsibilities each knows now to compare with those they are aware of by the end of the course.)
C. Relationship to health team members *Organization chart 1. Value: know to whom to report: everyone responsible to someone; who is responsible for whom; who can help with problems -- what problems?	Learn chain of command, her place in the organization.	Able to draw simple organizational chart, noting her supervisor (head nurse) and to whom she would go with sample questions.
2. Nursing team a. Value: providing complete, coordinated patient care b. Who is on team? What do they do? How are assignments made? c. Reporting on and off unit *Discuss "Guidelines for Utilization of Nursing Personnel"		Can describe value of nursing team in her own words.
IV. Self (to be discussed now and frequently reinforced) A. Improvement: read, ask questions, attend in-service meetings, learn to listen	Encourage continued learning.	

CONTENT	PURPOSE	EXPECTED BEHAVIOR
B. What makes a good nurses' aide?	Encourage personal improvement, good job habits.	
1. Personal attributes: desire to serve others; eagerness to serve; smile; empathy		
2. Conduct and ethics:	Define ethical responsibilities	Able to distinguish between what can and what should not be discussed about patients and with whom.
a. General: friendly, polite (public relations); don't talk about personal affairs; do discuss news, sports, patient interests; discretion on confidential matters, no gossip; courtesy - speak clearly, quietly; work quietly - noise bothers many patients; no tips or gifts accepted		
b. Handling confidential information		
c. Answer phone if no one there *Demonstrate (give name, organization)		Return demonstration.
d. Errands.		
3. Appearance - Why do you think appearance is important? Discuss: take pride in appearance; don't offend (odor); demonstrates care taken in other matters		
What is included?		
a. Clothing and shoes		
b. Cleanliness of body, nails, hair		
c. Cosmetics and jewelry		
d. Posture - Values; less fatigue, better appearance, etc. *Slides "Posture in Nursing"		Demonstrates types of posture
C. Handwashing -- Demonstrate procedure* and discuss	Prevention of infection	Can list times when handwashing is important. Return demonstration. Uses good technique even when she thinks no one is watching.
1. Purpose: Prevent spread of infection		
2. Stress: Care of skin to prevent chapping. Importance of soap, water, friction. When to wash hands		
D. Personal Health		
1. Value of self-care		
2. Agency provides for emergency care, X-rays, immunizations, etc.		
3. If ill - stay home; don't expose others; protect self	Prevention of infection	Avoids practices which would endanger the health of others.
*Film: "How to Catch a Cold"		

Quiz:

1. What is one basic difference of each employing agency?

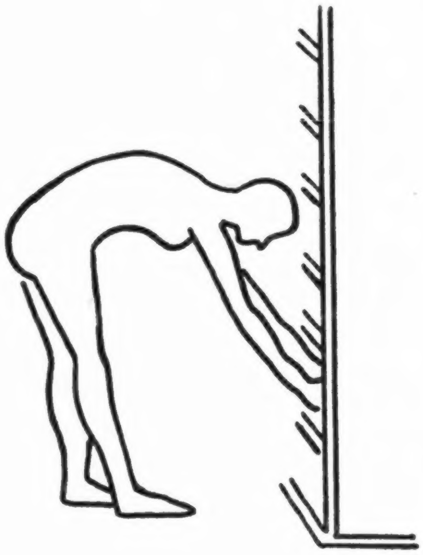
2. What skills should you have when you complete this course? List at least six.

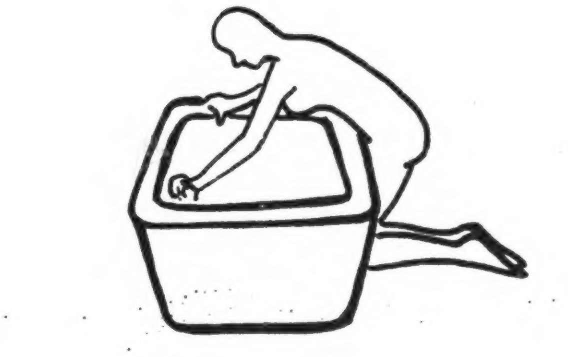
3. What types of personnel are on a nursing team? What is the value of working as a team?

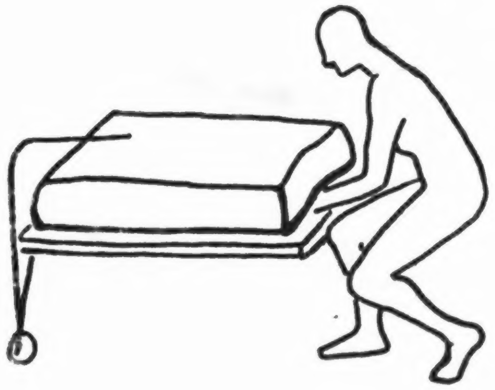
4.* From the following list, check six qualities most needed by a good nurses' aide. Tell why you made two of these choices.

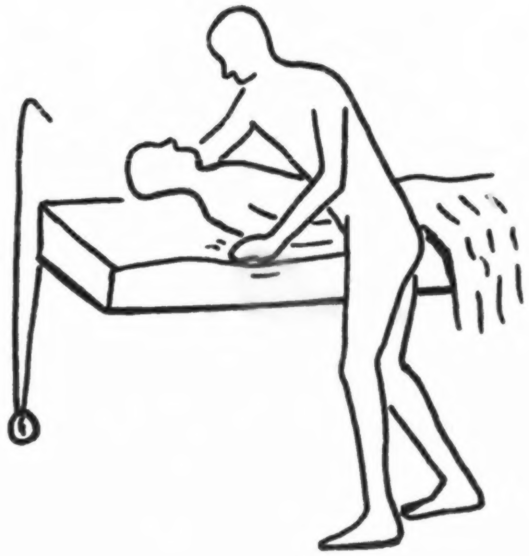
A. Leadership
B. Good singer
C. Obedience
D. Able to write well
E. Accuracy
F. Attractiveness
G. Able to get along with others
H. Physically strong
I. Sympathy and patience
J. Dependability
K. Punctuality
L. Tact
M. Able to laugh easily
N. Reverence
O. Eager to serve

5. Label figures "good" or "bad" posture. Explain reason why posture is good or bad for 3 of the figures.









TRAIN -- I-2, 5, 14, 16, 20; II-24

*Answers: 4. E,G,I,J,K,L,O.

UNIT II. BASIC PERSONAL CARE

STUDENT OBJECTIVES:

A. Shows beginning understanding of basic human needs (physical, emotional, social and spiritual) through ability to identify these needs from the way the patient behaves.

B. Learns to help the patient meet his needs by:
   1. Trying to understand and accept patient behavior.
   2. Learning how to talk with the patient.
   3. Developing skill in nursing care procedures.
   4. Developing skill in observation and reporting (oral and written).
   5. Protecting him from disease and infection by using basic methods of control.
   6. Being alert to the presence of safety hazards and taking steps to remove them.

C. Demonstrates ability to see the patient as a person with individual differences by helping plan for and adapting care according to his needs.

D. Shows awareness of the effects of growth and development in ability to relate patient care to the patient's age and level of development.

E. Demonstrates knowledge of basic principles of body mechanics as a means of preserving health, energy and efficiency by:
   1. Moving and positioning patients without undue strain or injury to self and patient.
   2. Guiding her patient and encouraging him to successful ambulation.

F. Increases her communication skills in observation and reporting and develops skill in making written reports on patient care given by her.

G. Develops awareness of the patient's nutritional and elimination needs and means of meeting these needs which will promote maximum health.

LESSON 2

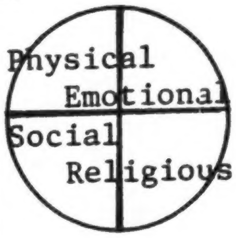
THE PATIENT

Time: 2 hours
Supplies: None
Guest lecturer: Social worker should listen to presentation as a basis for conducting a session later in week.

Visual aids:
- Pictures showing different expressions
- Film: "Mrs. Reynolds Needs a Nurse" - 33 minutes

Assignment:
- Text

CONTENT	PURPOSE	EXPECTED BEHAVIOR
I. Physical needs A. What are they? *List on board Air and ventilation, nourishment, fluids, physical activity, sleep, rest, clothing, shelter, personal cleanliness, safe environment, elimination.	Encourage basic knowledge of patient needs	Can name physical needs.* Shows evidence of understanding needs as they relate to herself and those with whom she works.
B. How do these differ with different ages? C. What other factors cause differences? Illness, overweight and underweight, emotional response, e.g., claustrophobia; sensory and motor changes, e.g., sight, touch, hearing, movement; mental ability	Growth and development	Shows alertness as to underlying causes of human behavior through connecting needs with certain types of behavior.
II. Religious needs A. Basic premises 1. Individual right to religious belief 2. Patients who want to argue religion 3. Do not impose own beliefs on patient B. Assist patient by reporting patient requests to nurse. You may help 1. Prepare for minister - last rites, baptism 2. Assist patient to chapel 3. Plan patient care according to religious needs, e.g., no bath at certain times of week	Religion	Avoids antagonizing patients on religious matters. Assists patient to participate in religious activities of his choice.
III. Emotional and social needs A. What are they? Giving and receiving, love and being loved, belonging to groups, security in human relationships, status and position, self-improvement, mental activity, independence, privacy at times, recreation	Encourage understanding	Able to relate emotions of patients to those displayed by self and fellow students.

CONTENT	PURPOSE	EXPECTED BEHAVIOR
B. How do these differ with different ages? Different social background? Different family structure as male or female dominated?	Growth and development	Shows awareness that behavior which differs from own behavior may still be socially acceptable.
C. What other factors cause differences? 1. Different temperaments, e.g., easy to please, happy, unhappy, fearful, depressed, etc. 2. Loneliness - feels deserted by family and friends 3. Depending on people 4. Denied personal belongings, little privacy of person or thought 5. Pain; prognosis unknown D. Helping the patient meet these needs: communication, recreation, mental activity, e.g., reading, TV; achievement, e.g., stress small improvements * Film: "Mrs. Reynolds Needs a Nurse"	Stress individuality Gains idea of "whole person" as 	Shows compassion for those who need it, even when they are "difficult". Allows for common human differences, tries to understand without criticizing or condemning. Can list major physical, religious, social and emotional needs.
IV. Communication A. What is communication? 1. Words and tone of voice 2. Facial expression - *Use pictures 3. Body English B. Remember to think of patient as a person; learn patient's name; explain what you will do; consider patient's family	Communication	Demonstrates ability to communicate by what she observes, how she listens. Notes fatigue, pain, depression, facial expression.
C. Example: Answering patient's light. Discuss procedure* 1. Patient is stressing a need 2. Answer quickly - for patient's sake 3. Use patient's name 4. Know or check what you can do for him 5. Check on patients who can't use the call bell 6. Family is important to patient and vice versa		Answers lights in a reasonable length of time. Checks on patients who are unable to use their signal bell. Relates patient's use of signal bell to expressed or hidden need.

Quiz:

*1. From the following examples of human behavior, identify those which show (a) physical, (b) emotional or social, and (c) spiritual needs.

a. Wants her rosary beads under her pillow. ______
b. Crying because she feels lonesome. ______
c. Wants the door closed at night. ______
d. Asks to have the window closed. ______
e. Will not eat fish because it is Friday. ______
f. Gets impatient because he must lie still in bed. ______

2. Tell how someone you know acted when they were upset. What did they say?

*3. Choose 5 subjects, from the following list, which you would talk about with your patient. Why wouldn't you discuss the others?

a. Your family.
b. A movie.
c. Your patient's job.
d. Your home.
e. A television program.
f. Local news.
g. A recent sports event.
h. The patient's doctor.
i. Patient's children.
j. Your illnesses.
k. Other nurses on the ward.

4. How could a patient's family help meet his social and emotional needs?

5. Why is it important to remember and use your patient's name?

*Answers: 1 - c, b, b, a, c, a; 3 - b, c, e, f, g, i.

LESSON 3

THE PATIENT'S ROOM

Time: 2 hours
Supplies:
Patient unit

Visual aids:
Film: "A Matter of Seconds" - 29 minutes
Assignment:
Text

CONTENT	PURPOSE	EXPECTED BEHAVIOR
I. Keeping the room orderly (Private, 2 bed room, etc.) A. Value *Procedure 1. Relaxing atmosphere 2. More efficient for work 3. Control infection 4. Discourage hoarding B. Who is involved?) - Each cares Housekeeping) for Nursing personnel) their own Lab personnel, etc.) equipment Maintenance) C. Discuss. Procedure.*Demonstrate use of equipment such as the bed D. When? A.M. care, morning bath, when you pick up trays, etc.	Develop sense of order Infection control Communication Teamwork	Demonstration. Unit appears finished with all necessary items at hand. Can list or define in her own words the values of this procedure. Can describe the part other personnel play in this procedure. Can efficiently use the equipment on the unit.
II. Making empty bed *Procedure A. Value 1. Comfort 2. Make patient welcome B. Important points: 1. Have everything you need - save time 2. Don't waste or hoard 3. Save energy: complete one side of bed before starting other side. Use good body mechanics 4. Comfort measures, as no wrinkles 5. Infection control: Don't shake linens; don't hold pillow under chin C. Who: Housekeeping does sometimes D. When: when patient is discharged; for ambulatory or "up" patients	Skill Infection control	Demonstration. Uses good body mechanics. Can give examples of ways to save energy, control infection, etc.
III. Environmental control A. Ventilation: natural - other; to suit patient (older person, child, fevered, day-night) B. Temperature: day-night; individual differences C. Humidity: modifications (in hospital, home) as use of steamer D. Light: adjust to suit patient activity; as expression of patient's mood (drawn curtains - depression)	Age and development	Demonstration. Displays awareness of the importance of the physical environment to patient welfare by adapting room environment to his comfort.

CONTENT	PURPOSE	EXPECTED BEHAVIOR
E. General: cleanliness; colors; arrangement		
F. Uses of environment: example, as patient stimulus with bright colors, pictures, etc.		Can describe ways to control environment.
G. Safety: *Film: "A Matter of Seconds" 1. Equipment: condition; placement or storage; unlocked wheels - bed, wheelchair; etc. 2. Fire prevention and fire drill - role of nurses' aide 3. Electrical equipment: overloaded light sockets; frayed cords; etc. 4. Falls due to water on floor; clutter; loose floor covering; loose slippers; etc. 5. Burns: water too hot; spills; steamer, heat lamp; etc.	Safety	Shows concern for and awareness of potential dangers. When accidents, such as falls, are listed, can give examples of what may cause them and how they may be prevented.

Quiz:

1. Why do you try to have your patient's room clean and neat?

2. What safety hazards might you see as you care for your patient? What would you do about each?

3. Who helps keep the patient's room clean and orderly?

4. What precautions do you take to control infection?

5. How do you save your time and energy when you care for your patient?

TRAIN I-3, 19; IV-1, 3, 4, 17, 19

LESSON 4

MOVING AND POSITIONING THE PATIENT

Time: 3 ½ hour class
2 ½ hour lab

Supplies:
- Bed with siderails, trapeze
- Restraints
- Mechanical aids
- Chair or commode
- Wheelchair
- Cart
- Crutches, cane
- Walker
- Braces

Guest lecturer: physical therapist

Visual aids:
- ROM diagram, outline
- Plan for student to spent time with a physical therapist - as when her patient receives physical therapy

Assignments:
- Text
- Booklets: body mechanics, range of motion, rehabilitation, etc.

CONTENT	PURPOSE	EXPECTED BEHAVIOR
I. Introduction A. Values 1. Prevent disability, e.g., contractures 2. Prevent complications, e.g., bedsores 3. Rehabilitation, e.g., stroke patient 4. Observation of patient 5. Chance to explain values to patient, tell what you are going to do, enlist the patient's help B. Stress 1. Support back to maintain normal curve of spine 2. Distribute weight over as large an area as possible 3. Support joints to prevent strain and deformity 4. Encourage patient to push or pull, roll or slide, rather than lifting 5. Use weight of body to assist movement C. Who 1. OT - activities of daily living and diversional activities 2. PT - ROM, walking, whirlpool, etc. 3. RN - assist OT, PT; preventative measures 4. NA - assist OT, PT, RN; preventative measures	Throughout this lesson: Self-help Body mechanics Safety Rehabilitation Communication	Encourages exercise within patient limitations. Plans rest periods for the patient. Can describe values of good care in this area. Demonstrates knowledge of her part by the way she handles patients, uses preventative measures. Patients appear to be in good position. Explains what she will do before she does it.
II. The bed patient A. Protection and legal aspects 1. Place patient so he doesn't roll out of bed, on his face or strain his muscles	Safety	

CONTENT	PURPOSE	EXPECTED BEHAVIOR
2. Side rails - prevent falls	Legal aspects	Can recognize types of care for which she is legally responsible.
3. Restraints a. Prevent falls and help posture b. Usually need doctor's order c. Used for patient or for nurses' security	Safety	Return demonstration. Can discuss values and dangers.
B. Mechanical aids 1. Values: a. Help patient maintain good position b. Protect patient - from pain, falls, muscle strain, etc. 2. Dangers a. Patient may feel restrained b. May put pressure in different areas c. Incorrect use is harmful - could cause contractures, bedsores, etc. 3. Types: bed boards, foot boards, pull sheet, boxes, towels, bed rope, pillows, side rails, trochanter rolls, sandbags, cradles, overbed table		Uses mechanical devices appropriately.
C. Positions 1. Back lying - with and without support 2. Side lying - with and without support (use arm rest for chest expansion) 3. Face lying (support shoulders and abdomen, protect toes)		Demonstrate on selves and fellow students; with patients. Moves patient with hands over bony parts, support under joints.
D. Moving the patient toward the head of the bed 1. Helpless patient, one aide 2. Helpless patient, two aides 3. Self-help - push with feet, use trapeze or head of bed to pull	Self-help	Shows consideration for patient's fear. Moves patient to head of bed by standing at head of bed and using draw or pull sheet, without harm to self or patient. Encourages patient to help self as much as possible and teaches patient how to help.
E. Helping patient raise his head and shoulders 1. Aide's arm under patient's shoulders 2. Patient's arm around aide's shoulders 3. With trapeze 4. Using bed - raise head		Gives the patient clear instructions and encouragement.
III. Using Range-of-motion (ROM) A. Purpose: Prevents and overcomes contractures B. Demonstrate and discuss - use ROM charts; each student may wish to use a 3x5 card with a ROM outline (Exhibit XVIII, page 55)	Rehabilitation	Uses ROM where indicated, observes patient (as facial expression) to determine stopping point. Return demonstration.

CONTENT	PURPOSE	EXPECTED BEHAVIOR
IV. When out of bed *Demonstrate A. Chair, wheelchair, commode 1. Chooses chair to fit patient a. Considers importance of chest expansion, proper back position, room for intestines b. Considers type of patient, as amputee (chair with long cushion) - fits chair or wheelchair to patient 2. Assist to sit up in bed 3. Slide to floor a. Means of support b. Body mechanics 4. Pivot or walk to chair a. Means of support b. Caution: don't pull or hold old or weak persons by arms as their shoulders are easily dislocated	Safety	Return demonstration. Shows initiative in encouraging patient to stay out of bed when this is to be desired. Careful to lock bed and chair wheels. Works well with light and heavy patients, paraplegics, weak patients. Carries out procedures with ease and self confidence. Patients appear to have confidence in her ability.
5. Wheeling patient or encouraging patient to use wheelchair: discuss ramps, doorways, curbs, brake and pedals (Emphasize safety)		Uses safety precautions. Encourages and teaches patients.
B. Moving to cart 1. Cautions a. Hold bed and cart tight together b. Pad crease where bed and cart meet if needed c. Try to have bed and cart at same level 2. Procedures a. With one person assisting b. With two or three persons assisting 3. Helps: lifting sheet, trapeze		Avoids tiring the patient. Uses safety measures. Encourages self help.
4. Safety devices: wheel locks on bed and cart, safety belt and/or side-rails on cart	Safety	
C. Walk 1. Protective devices: parallel bars, safety belt, crutches, braces, cane, ace bandages 2. Strengthening while in bed (discussion depends on class ability) a. Quadriceps setting b. Foot strengthening (press on bed) c. Push ups (lying and sitting) d. Balance - while standing and sitting		Demonstrate and discuss. Prepares patient for ambulation after checking with nurse.

CONTENT	PURPOSE	EXPECTED BEHAVIOR
e. Trunk: curl head and shoulders forward; arch back, push head and feet into bed 3. Use of self a. Walk in step with patient b. Allow patient to hold onto self - gives patient more confidence c. Ways to support patient		
4. Discuss observations which can be made (gait, limp, balance, dizziness; amount of self help ability; condition of protective device and shoes)		Alert and observant. Reports changes, problems, evaluations to team leader (registered nurse).

Quiz:

1. What are some values of good nursing care in moving and positioning your patient? List at least 4.

2. What major joints do you exercise in range-of-motion exercises?

3. What important observations can you make while you are helping your patient walk? While you are helping your patient with range-of-motion exercises?

4. Complete the following sentences:
   a. A foot board is used ______________________________.
   b. The wheelchair wheels should be __________before helping the patient into the wheelchair.
   c. Your patient could move himself up in bed while lying in bed by____________.

5. How would you teach your patient to turn himself?

TRAIN - IV-8; V-1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11; IX-5

EXHIBIT XVIII

SAMPLE RANGE OF MOTION OUTLINE

Shoulder - forward flexion
- extension
- abduction
- adduction
- horizontal abduction
- horizontal adduction

Hip - flexion
- extension
- abduction
- adduction
- internal rotation
- external rotation

Elbow - flexion
- extension

Forearm - pronation
- suppination

Wrist - flexion
- extension

Knee - flexion
- extension

Ankle - dorsal flexion
- eversion
- inversion

LESSON 5

FOODS AND FLUIDS

Time: 4 hours
Supplies:
- Water pitcher
- Glass
- Straws
- Tray with foods
- Asepto with rubber tips
- Adapted utensils, e.g., large handled silver, suction cups for plates, etc.
  - Measuring graduate
  - Records - diet, intake

Visual aids:
- Food record and evaluation
- Anatomy chart
- Nutrition charts
- Food displays - pictures or models

Guest lecturer:
- Nutritionist

Assignment:
- Booklets - diet and nutrition
- Text

CONTENT	PURPOSE	EXPECTED BEHAVIOR
I. Normal diets A. Food groups (basic 4) Discuss the major contribution of each food group in meeting nutritional needs, what foods are in each group, and that the foods can be in any form - fresh, frozen, canned, dried 1. Milk group 2. Meat group 3. Vegetable - fruit group 4. Bread - cereal group	Normal nutrition needs	List own meals for three days and determine how many servings from each food group were used.
B. Needs differ for the various age groups, e.g., prenatal, infants, children, teenagers, adults, aged, handicapped 1. Amount of food required 2. Amount of each food group required 3. Preparation and form, e.g., introduction of semi-solids and solids for infants, finger foods for toddlers 4. Appropriate eating utensils	Growth and development	Can relate differences in food needs according to age and development of the individual.
C. Understanding factors influencing food habits, e.g., emotional, social, cultural, religious beliefs, food misinformation	Basic human needs	Gives evidence of understanding the meaning of food for various individuals and variations found in diets.
II. Modified diets A. Needs of the ill differ according to his condition	Illness alters food needs	Can describe the effects of illness, physical handicaps and age upon nutritional needs.
B. Modifications, e.g., clear and full liquid, soft, regular, diabetic, caloric modifications, fat restricted, sodium restricted	Normal diet modified	Able to recognize various special diets. Reports

CONTENT	PURPOSE	EXPECTED BEHAVIOR
		discrepancies between diet ordered and what patient receives.
III. Meal service A. Good emotional environment 1. Pleasant atmosphere 2. Calm and cheerful attitude 3. Food and eating frequently used as a comfort, reward and/or substitute for unmet needs		Demonstrates awareness of relationship between social, emotional and nutritional needs by connecting one with the other.
B. Good physical environment 1. Wash hands - both patient's and aides		Demonstrates appropriate way to serve and collect trays.
2. Comfortable position; up to table if possible	Adjust to patient's condition	Demonstrates ability to feed patient through practice with classmates.
3. Suitable arrangement of tray; appropriate equipment 4. Special equipment for handicapped patients, e.g., large handled utensils, suction devices for dishes, plate guard		
5. Special equipment and technique for semi-conscious patients, e.g. rubber tipped asepto syringe, cup with spout	Infection control	
6. Feeding the helpless patient a. Same preparation as if patient were going to feed himself		Understands nourishments are part of nutritional plan.
b. Encourage patient to assist self if possible, e.g., hold bread		Prepares patient for meal, assists him as needed.
c. Talk to patient, telling him what you are giving him DO NOT RUSH! C. Food attractively served 1. RIGHT diet to RIGHT patient 2. Appropriate portions 3. Proper temperature		Feeding patient: good patient position, patience, encourages patient to take most nutritious foods if little appetite, finds best way to feed him.
D. Reporting and recording: amount taken, complaints about food, requests for more food, etc.		Follows accepted procedure for cleaning equipment for serving food or fluid. Demonstrates knowledge and responsibility in meeting the patient's nutritional needs
IV. Fluids A. Function of fluids 1. Normal a. Dilutes waste materials to be eliminated by the kidneys		

CONTENT	PURPOSE	EXPECTED BEHAVIOR
b. Keeps skin moist		Relates body's need for fluids to self.
c. Helps prevent constipation		
d. Keeps some medicines from becoming too concentrated in the urine		
2. Special conditions require either more or less fluids, e.g., increased during fever, diarrhea, after surgery; restricted fluids for some cardiac conditions, before and after surgery, etc.		
B. Serving fluids		
1. Know doctor's order!		
2. Know meaning of NPO		
3. Control infection	Infection control	Observes means of controlling infection.
a. Wash hands. When?		
b. Never use fingers to take ice cube from ice supply		
c. Never pour water from glass into pitcher. Remind patient not to drink from pitcher		
d. Be sure patient has own pitcher, label		
4. Encourage (most) patients to drink water: keep water fresh, pour a small amount in glass, etc.		
C. Recording fluid intake		
1. Define: all liquids, including intravenous fluids, tube feedings, etc.		
2. Purpose of measuring is to help the doctor diagnose and treat patient by comparing intake with output to evaluate fluid balance according to patient needs		
3. Measure accurately		Practice measuring and estimating amount of fluid in varying containers. Record own fluids for a day.
4. Record immediately (R.N.'s will record IV's, etc.)		

Quiz:

1. What do these words or abbreviations mean?
    a. NPO
    b. Force fluids
    c. Concentrated
    d. Nourishments

2. Name the Basic Four Food Groups and list three different foods in each group.

3. How many servings from each of the Four Food Groups are needed by an adult?

4. What are three factors which influence a person's eating habits?

5. What are three important factors to consider in meal service?

*6. Fill in blanks:
    a. If food is left on a tray by a diabetic patient, you should ________________.
    b. A patient who must not have salt on his tray is on a __________diet.
    c. If a patient may not eat much butter or mayonnaise, he is probably on a _______________ diet.
    d. To lose weight a patient is often put on a _______________ diet.
    e. A patient who has a sore mouth and difficulty chewing may be given a _______________ diet.

TRAIN III-25; VII-3, 6 and 10

TRASC Category VII, Feeding and Foods

*Answers:
6. a. keep tray and report to R.N.
    b. sodium restricted.
    c. fat restricted.
    d. low calorie.
    e. mechanically soft.

LESSON 6

ELIMINATION

Time: 4 hours
Supplies:
- Records and forms
- Bedpan
- Urinal
- Fracture pan
- Commode chair
- Measuring graduate
- Specimen containers
- Catheters--foley, straight, external
- Drainage bag and tubing
- Enema can, tubing, clamp, rectal tube
- Lubricant
- Toilet paper
- Bath thermometer
- Disposable enema set(s)
- May use "Mary Chase"

Visual Aids:
- Film: "There is a Way" - 35"
- Anatomy chart

Assignment:
- Text

CONTENT	PURPOSE	EXPECTED BEHAVIOR
I. Output A. Define 1. Feces, bowel movement, BM, stool a. Describe digestive process *Anatomy chart b. Normal: brownish green, formed, not hard c. Observe and report: blood, undigested food, mucous, worms, color, frequency, ordor, or very hard or liquid stool		
2. Urine, urination, voiding a. Describe urinary tract *Anatomy chart b. Normal urine: clear yellow c. Observe and report: color, sediment, pain or inability to void, if frequent or small amounts, odor 3. Other: loss of water through skin and lungs, emesis, drainage *Anatomy chart B. Purpose of observing and reporting 1. Helps doctor diagnose and treat patient	Anatomy	Able to describe types of output and relate them to other body functions. Example: relate profuse sweating to need for increased water intake.
2. Helps nursing team plan patient care	Team nursing	
C. Goals of good care 1. Minimum embarrassment to patient 2. Prevent urinary retention and/or fecal impaction; promote return of normal function	Rehabilitation	Students who are easily discouraged or avoid this type of care should seriously consider leaving this type of job training.

CONTENT	PURPOSE	EXPECTED BEHAVIOR
3. Maintain healthy skin 4. Control infection 5. Observation D. Stress with each procedure 1. Specific goals and means of achievement 2. Problems if goals are not met 3. Individual differences	Infection control	Relates patient care to these goals.
II. Assisting the patient A. Bathroom or commode 1. Value: normal position and some activity both help stimulate body function, etc. 2. For patients who are ambulatory and those with BR privileges 3. Relate to Lesson 4 (moving and positioning) B. Bedpan and urinal 1. Use when patient is unable to be out of bed due to a fracture, cardiac condition, etc.	Safety	In general: a) accepts responsibility for assisting patient with toilet needs without undue pushing. b) assists patient as needed. c) avoids embarrassing the patient. d) observes and reports adequately. e) uses safety precautions. f) uses care to prevent and control infection.
2. Procedure* Demonstrate a. Avoid embarrassment: provide privacy, cover pan, don't remark on odor or act disgusted b. Promote results: comfort (warm bedpan, may use fracture pan, good position, or pad the pan); for voiding (pour warm water over perineum, give patient a drink, run water so he can hear it); for BM (encourage regularity, offer prune juice or warm water, force fluids) c. Skin care and controlling infections: Be sure patient is dry and clean; cleanse bedpan/urinal; wash hands--yours and patient's d. Discuss problems such as abnormal position, lack of activity, pressure on coccyx and buttocks, difficulty of cleansing patient	Review goals of care	Return demonstration.
III. Measuring output A. Discuss conditions which might require measuring output, e.g., burns, dehydration, bladder infections		Measures output accurately, keeps accurate records.
B. When: on doctor's order, emergency, to check nursing care		Can discuss reasons for recording.
C. Procedure and demonstration 1. Records used		Return demonstration.

CONTENT	PURPOSE	EXPECTED BEHAVIOR
IV. Collecting specimens	Infection control Communication Anatomy	Follows procedure with minimal supervision when asked to collect these types of specimens.
A. Introduction		
1. Types		
a. Single urine specimen		
b. 24 hour urine specimen		
c. Stool specimen		
d. Sputum specimen		
2. Why collected		
a. Indicate infection		
b. Tell how well body (as kidneys) is working		
c. Locate source of bleeding		
d. Demonstrate worms, etc.		
B. Discuss Procedures and Anatomy chart, stressing		
1. Cleanliness		
2. Measurement if on I & O		
3. Use of proper container		
4. Temperature. Should specimen be warm? cold?		
V. Catheters		
A. Introduction		
1. Review anatomy of urinary tract	Anatomy	
2. Describe: *Foley catheter, straight catheter, external catheter, drainage bag, catheter clamp		
3. Functions of catheters: prevent distention, control incontinence, promote healing by keeping bladder empty, allow bladder irrigation		
B. Responsibility	Legal aspects Team	
1. Ordered by doctor		
2. Inserted by Registered Nurse, Licensed Practical Nurse or Orderly		
3. Care by nursing team		
C. Care		
1. Prevent injury	Safety	
a. Keep weight of catheter from pulling and putting pressure on bladder by taping to inner aspect of leg; pin tubing to bed or clothing with enough slack so patient can move about		
b. If patient may pull out: use gown, sheet across hips, or tuck in covers so he won't "find" catheter; restrain if necessary		

CONTENT	PURPOSE	EXPECTED BEHAVIOR
2. Prevent infection a. Keep outside of catheter and perineal area clean b. Special catheter care is used in some agencies, e.g., meatus area and catheter are cleansed and antibiotic ointment is used on meatus c. Keep tubing to drainage bag connected; protect tubing ends if catheter is "clamped"	Infection control	When working with patient having catheters, prevents injury and infection, checks for distention and leakage.
3. Prevent distention a. Check amount in bag, e.g., is urine collecting b. Force fluids c. If in doubt about urine flow, feel lower abdomen. If bladder is distended, it will feel round, hard. Report to nurse! 4. Check for leakage, e.g., damp bed or clothes. Report to nurse.		Can describe areas of care for catheterized patients and relates these to her patients.
D. Collecting specimen for I & O and clinitests	Infection control	
E. Retraining of patient for removal of catheter 1. The patient's catheter may be alternately clamped and opened for specific intervals 2. After the catheter is removed, check the patient frequently for distention and follow the bladder training procedure	Rehabilitation	
F. Patient's feelings 1. Fear of pain and discomfort 2. "not able to control own body" 3. "not able to move about freely" 4. Embarrassment		Considerate of patient's feelings.
VI. Incontinent care A. Why are patients incontinent? 1. Loss of bladder tone or sphincter control 2. Unconscious or very ill 3. Lose desire to control self 4. Waited too long B. Meeting goals. Discuss procedure* 1. Offer bedpan and/or urinal frequently, e.g., every hour or two 2. Use diaper or incontinent pads: less linens to change, easier on patient	Infection control Communication	Cares for incontinent patient without showing distaste. Cares for soiled linen without contaminating self or surrounding area. Knows reason for keeping the patient dry.

CONTENT	PURPOSE	EXPECTED BEHAVIOR
3. Keep dry and clean: prevent soreness, help establish feel of dryness, less odor		
4. Observe for redness or sores: help prevent by cleanliness; may need heat lamp, etc.		
5. Prevent infection: keep uniform clean, wash hands - self and patient		
VII. Bowel and bladder training		
A. Whenever the patient has or can develop control. This implies that the patient is physically able to control bowel and bladder but must redevelop this practice.		
B. Value		
1. Increases patient's health and self-esteem		
2. Satisfaction of helping patient		
3. Patient care time decreases as goal is accomplished		
C. Discuss *Procedure, Stressing		
1. Individual differences		
2. Teamwork		
a. Doctor. Can patient establish control?		
b. Nursing team plans and carries out care		
c. Patient must want to succeed		
3. Follow plan closely		Enters into toilet training program wholeheartedly.
a. Offer fluids		
b. Encourage patient to be up and dressed		Gives patient moral support.
c. Trips to BR or commode; report accidents; praise success; keep patient dry so he is more comfortable and learns more quickly		Brings record for own patient to class.
d. Remind him of plan and progress		
4. Prevent infection	Infection control	
a. Wash hands - self and patient		
b. Care of BR, linen, bedpan, etc.		
5. Accurate recording and reporting are necessary to establish habits, plan care and evaluate success	Observe-report	
D. *Movie: "There Is A Way" Review steps: determine normal elimination pattern; what type of incontinence; devise training plan; begin when chance for success is greatest; promote cooperation		Able to list major steps in training.

CONTENT	PURPOSE	EXPECTED BEHAVIOR
VIII. Enemas (may postpone until later in course)		
A. Introduction	Anatomy	Can discuss function and position of organs. Relates this to procedure.
1. Review anatomy* of lower digestive tract		
2. Types of enemas		
a. Cleansing: relieve constipation and gas; stimulate peristalsis		
b. Retention: for nourishment, medicate the mucosa, for anesthesia, soften stool and aid in expulsion, stimulate peristalsis, draw fluids from body		
3. Equipment*: non-disposable and disposable		
B. Responsibility	Legal aspects	Aware of own and RN's responsibilities.
1. Doctor gives order		
2. RN decides if NA may give specific enema to specific patient		
3. RN, LPN, and NA give enemas according to training and ability		
C. Procedures*		
1. Review purposes and relate to steps of procedure		
2. Stress		Can state purpose of enema given and reason for important steps.
a. Equipment and why used		
b. Type of solution used, strength, amount, temperature		
c. Preparation of patient	Communication	Explains to patient before starting.
d. Position of patient, expelling air from tubing, speed of giving solution	Safety	Provides privacy.
e. Making patient comfortable before cleaning up equipment		
f. Observation and charting		
3. Demonstration		Return demonstration.

Quiz:

1. What do these words mean?
   a. fracture pan
   b. enema
   c. sediment in urine
   d. constipation
   e. intake and output

2. Why do we measure and record a patient's I & O?

3. What are two ways you can help your patient void?

4. Why is it important to keep your patient "dry"?

5. What observations would you make if your patient has a catheter?

6. How would you clamp a foley catheter?
   a. List the steps you would take.
   b. What precautions would you take? Why?

7. How would you protect the bladder from injury caused by pulling on the catheter?

8. How could you help control bladder infection?

9. How can you help "retrain" the patient if his catheter is to be removed?

10. What is the difference between a cleansing enema and a retention enema?

TRAIN II-20, 21, 22; III-17, 18; V-12; VI-8, 9, 10, 11, 18, 22, 26, 28, 29.

LESSON 7

ASSISTING THE PATIENT WITH PERSONAL CARE

Time: 4 hours class
3 hours lab

Supplies:
- Mouth care tray
- Bath mat
- Patient unit
- Sitz tub
- Nail file, scissors
- Comb
- Safety razor
- Electric razor

Visual Aids:
- Film: "Dentistry Through the Ages of Man" - 22 minutes
- Model: teeth and brush

Assignment:
- Text:
- Booklets: Toothbrushing
- Bring own toothbrushes, toothpaste

CONTENT	PURPOSE	EXPECTED BEHAVIOR
I. Values of personal care		Able to identify value of care as bath, back rub as it relates to a particular patient.
A. Makes patient comfortable		
B. Good time to get to know patient through observation		
C. Time for helping patient return to normal activities - rehabilitation (example: strengthen arms, mild exercise, etc.)	Rehabilitation	
D. Time to talk with patient	Communication	
II. Planning personal care		Relates appropriately to various team members.
A. Nursing team	Team Nursing	
1. RN	Legal aspects	
a. Evaluates patient; notes doctor's orders		
b. Assigns patient to personnel level and individual who can best give care needed		
c. Interprets type of care needed -- go to this RN if patient has requests or problems which you are not prepared to meet		
d. Assists with patient's care if needed		
e. Helps evaluate with the help of the nursing team how well care fits patient (stress helpfulness to aide)	Value of Supervision	
2. LPN		
a. Patient care as assigned by RN		
b. May assist you with more complicated patient care procedures		When a case is described, can tell what part each level of personnel has.
c. Varies in some situations, for example - may supervise NA		
3. NA		
a. Function as have been trained - *Job description	Legal aspects	
b. Go to RN, and in some cases, LPN for help, sharing of knowledge	Observation Communication	

CONTENT	PURPOSE	EXPECTED BEHAVIOR
B. Timing 1. In general: a. Plan so patient has time for rest and sleep (varies with different patients) but encourage patient to adapt self to hospital b. Resist rigidity, must plan around activities (no reason patient may not have his bath after lunch if you can manage)		Plans to meet needs of the individual patient.
2. A.M. cares and P.M. cares a. Value: comfort and evaluation of patient b. *Procedure		Demonstration. Organizes her time so her patients are ready for breakfast, etc. Assist patients according to their needs.
III. Giving personal care A. Stress: 1. Adapting procedure to patient 2. Use of good body mechanics 3. Observations to make and report 4. Safety 5. Infection control 6. Patients helping self when this is not contraindicated	Stress: Patient individuality Communication Observation Comfort, Body mechanics Safety Infection control Note: Growth and development Nutrition	
B. Mouth Care. *Film - "Dentistry through the Ages of Man" 1. Value a. Improves patient appearance and reduces odor b. Helps patient feel better c. Makes food taste better by removing coating from tongue d. Helps remove harmful bacteria from mouth, prevent sores, and infection		
2. Procedures* Demonstrate. Stressing a. How to brush b. Care of dentures: how to hold, use cold water, encourage patient to wear, discourage powders and pads for poorly fitting teeth c. When to encourage mouth care d. Encouraging patient to help self		Return demonstration. For all procedures: Assigned patients appear clean and well groomed. Encourages patient to participate in planning care; encourages self-help

<table>
<tr><th>CONTENT</th><th>PURPOSE</th><th>EXPECTED BEHAVIOR</th></tr>
<tr><td>C. Baths
1. Tub and shower baths
a. Stress: safety, e.g., prevent falls or burns, remain with patient; patient comfort, what to do if patient feels faint
b. Demonstrate. Procedure*</td><td>Safety</td><td>Screens patient and shows concern for his comfort.
Moves patient with care and skill.
Observes carefully.
Reports abnormalities.
Uses means to control infection.</td></tr>
<tr><td>2. Bed and partial bath
a. Define
b. Value to patient: stimulates circulation; cleanses skin; mild exercise; relaxing and refreshing
c. Demonstrate Procedure* Stress collecting equipment; preventing embarrassment; following routine; talking with patient; giving perineal care</td><td></td><td>Return demonstration.
Preferable if students bathe one another as they would a patient.
They are more comfortable with their patient and have more feeling for him.</td></tr>
<tr><td>d. Making an occupied bed* Stress: comfort, e.g., avoid chilling or exposing patient, shaking bed; use toe pleat; infection control; preventing fatigue</td><td>Safety
Infection control</td><td></td></tr>
<tr><td>3. Sitz bath
a. Purpose: relieve pain; relaxation
b. Procedure* Stress: time, water temperature, amount of water, privacy</td><td>Observation</td><td></td></tr>
<tr><td>D. Skin care
1. Decubiti, bed sores
a. Describe, stressing warning signs
b. Problem areas, e.g., coccyx, hips</td><td></td><td></td></tr>
<tr><td>c.
<table>
<tr><th>Causes</th><th>Solutions</th></tr>
<tr><td>Pressure</td><td>Turn frequently and massage</td></tr>
<tr><td>Chaffing</td><td>Use protective devices, e.g., as sheepskin, foam</td></tr>
<tr><td>Poor circulation</td><td>Avoid tight clothes and turn frequently</td></tr>
<tr><td>Poor nutrition</td><td>Force fluids/ foods</td></tr>
<tr><td>Urine or feces on skin</td><td>Keep clean and dry; force fluids</td></tr>
<tr><td>Allergies and skin diseases</td><td>Special care ordered by doctor</td></tr>
</table></td><td></td><td>Relates problems and solutions in writing, verbally and in actions.
Able to discuss values of each procedure and special points.</td></tr>
</table>

CONTENT	PURPOSE	EXPECTED BEHAVIOR
2. Back rub a. Value: relaxing; increases circulation; keeps skin moist b. When? Depends on patient c. Procedure* Stress: safety factors, e.g., short nails; body mechanics; avoid chills; bedsore prevention		Return demonstration. Takes care to give good backrubs especially if patient is prone to develop bedsores. Keeps fingernails short. Return demonstration.
E. Nail care 1. Stress: preventing infection, proper shoes and socks; discussing values of hand and foot care with patient		
2. Demonstrate Procedure* Stress: a. Cutting toenails straight across b. Not cutting too short c. Pushing back cuticles		Return demonstration.
F. Care of hair and/or beard, including shampoo 1. Value: helps patient feel better; stimulates scalp or skin; time to observe; mild exercise 2. Procedures*		Patient's hair is usually neat, untangled. Assists patients as needed with shaving. Can wash patient's hair if necessary.

Quiz:

1. How does personal care help the patient?

2. Who decides whether the patient's condition permits him to have a bed bath, tub or shower bath? What is a partial bath?

3. Who would you ask
   a. if the patient wants a shower and you were asked to give him a bed bath ______________________________

   b. if you need help in turning the patient ______________________________

   c. if you need soap and cannot find it in the utility room ______________

4. What would you do if
   a. the patient does not want his bath till late morning?

   b. the patient refuses a bath?

   c. the patient has a red area over his coccyx?

   d. the patient's tongue is white and coated?

Check either yes or no for each part of the question:

	Yes	No
5. Dentures should be		
a. left out of the patient's mouth at night	_____	_____
b. kept in water when not in the patient's mouth	_____	_____
c. washed with hot water	_____	_____
d. kept firm in the patient's mouth with powders or pads	_____	_____
e. washed after each meal	_____	_____
6. When cutting your patient's nails you should		
a. cut straight across for toenails	_____	_____
b. avoid cutting his skin	_____	_____
c. cut them down below the skin	_____	_____
d. avoid using a nail file	_____	_____
e. push back the cuticles	_____	_____

TRAIN I-21; II-1, 2, 4, 6, 9, 10, 11, 13, 14, 16, 22; IV-6, 7, 10; VI-13, 15.

*Answers:

4. Answers should indicate thought of what the nurses' aide could do herself as well as reporting to the RN.

5. No, yes, no, no, yes.

6. Yes, yes, no, no, yes.

LESSON 8

TEMPERATURE, PULSE, RESPIRATION AND WEIGHT

Time: 4 1/2 hours
Supplies:
Thermometer tray
Scales

Visual aids:
Anatomy chart
Assignment:
Text

CONTENT	PURPOSE	EXPECTED BEHAVIOR
I. Temperature		
A. Define. Describe normal temperatures		
B. Value		
1. Indicates disease, infection or upset body balance		
2. Chance to observe patient's color and appearance		
3. Aids diagnosis and treatment		
C. Causes of variation		
1. Individual often varies from "normal"		
2. Time of day, e.g., temperature often rises in afternoon		
3. Activity, e.g., pulse faster after a race		
D. Demonstrate and discuss procedure		Return demonstration. Holds thermometer correctly. Reads thermometer correctly. Considers patient comfort. Check for legible handwriting. Describes the difference between oral and rectal thermometers, how they are used, how long it takes for the temperature to register.
1. Thermometers		
a. Oral, rectal, stubby		
b. Centigrade and Fahrenheit		
2. Methods for taking temperature		
a. Mouth		
b. Rectum		
c. Axilla or groin		
d. Vagina		
3. Precautions:		
a. Prevent infection: use clean thermometer	Infection control	
b. Prevent breakage: don't drop, keep out of hot water		
c. Patient safety: use correct type of thermometer in correct way	Safety	
4. Observations - Need for accuracy What to report. When to recheck temperature	Observation Reporting	
5. Record		
a. Bedside		
b. Chart		
II. Pulse		
A. Describe. *Anatomy chart. Show where it may be felt	Anatomy	
B. Value		
1. Shows changes due to illness		
2. Body reactions such as shock, normal exercise		

CONTENT	PURPOSE	EXPECTED BEHAVIOR
C. Variations in rate, strength, volume, rhythm are due to age, sex, size, activity, health, illness, body conditions as Adams Stokes syndrome Types: slow, fast, thready, bounding, irregular, weak	Observe-report	Can relate pulse variations to age, sex, size, activity, illness, etc.
D. Demonstrate *procedure		Return demonstration. Reports accurately.
1. Points to remember		
a. Don't use own thumb to take pulse		
b. Recount if not sure; may have someone else check pulse		
c. Count irregular pulse 1 minute, chart as irregular		
d. Accuracy essential		
III. Respiration		
A. Describe. Use anatomy charts*	Anatomy	
B. Value: Indicates body change, e.g., sleep, running, illness, etc.		
C. Variations	Observe-Report	
1. Easy or labored		
2. Sound, e.g., wheezing, quiet, snoring		
3. Rate		
4. Deep or shallow breaths		
D. Demonstrate procedure* stressing		Return demonstration. Really counts respirations. Can count respirations discretely. Can describe important observations to be made and give examples.
1. Very difficult for patient to breathe naturally if he knows someone is watching		
2. Observation		
3. Accuracy		
IV. Weight	Basic needs	
A. Value of checking weight		
1. Some medications are given according to patient's weight		
2. Medications as diuretics change the patient's weight		
3. Weight changes in certain diseases		
4. Food and fluids affect weight		
B. Variations		
1. Overweight - Underweight	Observation	Relates variations in weight to causes. Observations are related to cause.
a. Describe		
b. Causes: dietary habits, problems, illnesses, e.g., thyroid, diabetes		
2. Edema		
a. Describe		
b. Causes, e.g., arteriosclerosis, right or left sided heart damage, etc.		
C. Demonstrate procedure*		Return demonstration.
1. Use of scales, stretcher		

CONTENT	PURPOSE	EXPECTED BEHAVIOR
2. Precautions a. Same clothes each time b. Infection control	Infection control	

Quiz:

1. Why is it so important to take the patient's temperature, pulse and respiration?

*2. What is a normal oral temperature_____? rectal_____? axillary_____?

*3. What four qualities would you observe when taking your patient's pulse? Describe two of them.

*4. What are 3 things you would observe when checking your patient's respirations?

5. Complete the following sentences.

a. One way to help prevent infection when taking a temperature is ______________________________

b. A patient's weight may change from day to day if ______________________________

c. A rectal temperature should be taken if your patient is ______________________________ or ______________________________

*d. The abbreviation for temperature, pulse and respiration is ______________________________

*e. A rectal temperature of one hundred degrees would be written ______________________________

*f. It takes _____minutes for an oral temperature to register.

*g. A rectal temperature takes _____ minutes to register.

*Answers: 2 - 98.6, 99.6 R, 97.6 Ax; 3 - rate, rhythm, volume, strength; 4 - rate, sound, easy or labored, deep or shallow; 5 - d. TPR; e. 100°R; f. 3; g. 3-5.

TRAIN III-1, 2, 3, 6, 7, 8, 9, 10, 12, 13, 14, 15, 27, 28.

LESSON 9

ADMITTING, TRANSFERRING AND DISCHARGING THE PATIENT

Time: 3 hours
Supplies:
"Admission pack"

Visual aids:
Ophthalmoscope, vaginal speculum
Assignment:
Text

CONTENT	PURPOSE	EXPECTED BEHAVIOR
I. Admission		
A. Value as first impression	Communication	Can relate what should be done to how it helps the patient and/or others working with the patient.
1. Makes patient welcome		
2. Helps relieve patient's fears and worries by		
a. Orienting him and his family		
b. Demonstrating efficiency, knowledge		
3. Evaluation of patient, e.g., physically, emotionally		
B. Role: Admissions Clerk, Registered Nurse, and Nurses' Aide	Team nursing	
C. Discuss and demonstrate procedure*, stressing		Return demonstration. Seems to put patient at ease. Seems competent and efficient in admitting patient. Gives and obtains all necessary information. Answers questions intelligently and pleasantly. Encourages patient participation.
1. Preparation for and consideration of patient		
2. Observation and charting		
3. Handling of clothing, valuables, medications		
D. General physical examination	Communication	
1. Purpose is to assist doctor with evaluation and diagnosis		
2. Demonstrate procedure*		
a. Nurses' aide may assist doctor		
b. Outline and practice steps usually followed		
c. Note some observations which the doctor may make		
II. Transfer	Communication	
A. Value to:		
1. Patient		
a. Change of service		
b. If incompatible with roommate(s)		
2. Hospital, e.g., to make room for other patients		
B. Role: Registered Nurse, Nurses' Aide and Admissions' Clerk	Team nursing	Relates need for transfer to way transfer is handled. Return demonstration.
C. Discuss procedure*, stressing		
1. Observation and charting		
2. Consideration of patient's feelings		
3. Transfer of all of patient's belongings		

CONTENT	PURPOSE	EXPECTED BEHAVIOR
III. Discharge A. Value of doing well 1. Public relations 2. Continuity of care		Relates what is done and reason for doing it.
B. Role: Doctor, Registered Nurse, Nurses' Aide, Cashier or Office, and Housekeeping	Team	
C. Discuss procedure* 1. The patient a. Assist patient to dress; accompany to door b. Be sure he has all his things	Communication	Return demonstration. Gives impression that she will miss the patient but wishes him well.
2. The unit. Discuss procedure*, stressing a. Preparing for next patient b. Preventing spread of infection	Infection control	

Quiz:

1. What are some important points to remember when you admit a patient? List at least 3. How is the admission valuable as a first impression?

2. How would you ask the patient to collect an admission urine specimen?

3. What are you, as a nurse aide, responsible for when the patient is discharged? List at least 2 things.

4. What would you do if your patient gives you $2 and says, "I'm being discharged soon and want you to know how much I appreciate all you've done for me"?

5. What would you say and do if a patient tells you, "I'm going to leave if I have to stay in this room with Mrs. Green one more day"?

6. What would you say if Mrs. Black says, "The nurse told me I have to move, but I don't see why it's necessary. That man doesn't need this bed as much as I do!"

7. Why do you try to discharge a patient with care and consideration?

TRAIN III-29; V-13, 14; VI-1; IX-1, 2.

LESSON 10

TEAM NURSING

Time: 2 hours

Visual aids:
Outline on Board - Nursing teams: Hospital, Nursing Home, Home Health Agency
Assignment: Notes on care given, especially what was reported

CONTENT	PURPOSE	EXPECTED BEHAVIOR
Relate to Lesson 1, Section 3 and to nurses' aides' experiences on the wards Stress role of RN, LPN - Review	Team nursing	Demonstrates realization of need for team work by her interaction with team members.
I. Role - Discuss how nurses' aides feel now about their relationship to team members, supervisors, other hospital personnel and doctors		
II. Responsibility - Discuss: "What is a nurses' aide responsible for?" A. Patient Care 1. Follow instructions of Registered Nurse 2. Ask Registered Nurse when unsure about care to be given patient		
3. OBSERVE - most important part nurses' aide plays on nursing team	Observation	
B. Team member		
1. Communicate a. Patient information and plans b. Safety needs c. Suggestions d. Other 2. Run errands C. Unit (or ward) 1. Care of Unit: neatness, upkeep, safety, environment, etc. 2. Suggestions: regarding safety, efficiency, etc.		Improvement in communication with team leader and co-workers and in team conferences; in choice of information communicated, means of communication, effectiveness of communication.
D. Personal 1. Health		
2. Problem-solving related to job Examples: Wages, assignments, etc. May use Role playing a. Who can help b. What approach		Takes problems to appropriate individual for help with finding solutions.

CONTENT	PURPOSE	EXPECTED BEHAVIOR
D. Special problems in patient relationships, e.g., over-friendly men		
III. Charting (recording) *Discuss and demonstrate		
A. Purpose		
1. (see reporting)		
2. Legal document	Legal Aspects	Conscientious about reporting pertinent information. Return demonstration. Written reports are accurate, complete, meaningful and legible. Uses good judgment in recording.
B. When and who, often depends on agency		
C. Procedure		
1. Discuss types of forms*: Doctor's orders; Assignment; Nurses notes; 24 hr report; Medication record; TPR graph		
2. Stress		
a. Charting, e.g., time, exactly what observed and where, exactly what patient said, who observed it		
b. No erasures		
3. Practice recording various types of information		

Quiz:

*1. What important points must you remember when you report information?

2. When would you chart information?

*3. What points must be included in the information charted?

*4. Put the letter of the best answer in the space provided.

___ report the team leader that your patient vomited?

___ discuss the patient's family problems with your teammates?

___ tell the team leader that you patient wants his diet changed?

___ report that your patient had a bed bath instead of a shower?

___ report how much fluid your patient drank?

a. immediately

b. when you see her

c. in team conference

d. at the end of the shift

TRAIN I-6; III-4, 16, 21; VI-4.

*Answers:
1. - what, when, why, to whom, where, how - accurately.
3. - time, date; what; how; who; where.
4. - a, c, b, b or d, d.

LESSON 11

COMMUNICATION

Time: 5 hours
Supplies:
  Sample chart forms
  Assignment forms
  Report forms
  Hypothetical situation

Assignment:
  Text
  Chart patient care given on Nurses' Notes and TPR sheet for at least 3 days

CONTENT	PURPOSE	EXPECTED BEHAVIOR
Present and discuss the principles of observation, reporting and charting within the framework of a hypothetical situation.*		
I. Observation A. Means, e.g., see, feel, hear, smell B. Areas observed 1. General appearance 2. Emotional state 3. Position 4. Skin, eyes, ears, nose, mouth 5. Eating and drinking habits 6. Bowels, bladder 7. Respiration, pulse	Team nursing Cooperation Communication	Can give examples of what can be observed. Seems aware of need to be observant at all times when on duty. Develops awareness of signs and symptoms and importance of close and long term observation in detecting both those which occur overnight and over a long period of time.
II. Reporting A. Purpose 1. To prevent errors - if in doubt 2. To help a. Doctor diagnose, evaluate, and treat his patient b. Nurse plan and evaluate nursing care; plan assignments c. Yourself and your co-workers cooperate in giving care because it is easier to give care if you know what the patient needs and likes d. Other departments coordinate their care B. Types of reports, e.g., person to person, shift report, team conference C. Discuss procedure* 1. What to report, e.g., time, location of pain, only what was observed or heard 2. How to report, e.g., ACCURATELY, makes notes, express self clearly and briefly 3. When to report specific observations a. Immediately b. When convenient c. In team conference d. At the end of your shift	Safety	Uses good judgment about what should be reported and to whom. Can discuss in her own words why observations are made. Uses notes or other reminders to insure accuracy of reports.

Quiz:

1. What are the values of working as a team?

2. Name three things for which you are responsible. Why are you responsible for each of these things?

3.* Put the letter of the best answer in the space provided.
Who can best help you if:

_____ Your patient needs help getting out of bed.

_____ You are not able to work 3-11 because you have no babysitter.

_____ You want to go to an in-service meeting.

_____ You want to work in another part of the hospital or nursing home.

_____ You feel your assignment is too heavy.

Answers
a. Team leader
b. Team member
c. Supervisor or head nurse

TRAIN I-4; IX-4, 15, 17.

* Answer 3- b, c, a, c, c.

LESSON 12

SAFETY

Time: 2 hours

Visual aids:
Safety posters
Film:"Safe to Live IN", 15 min.
Assignment:
Safety booklets

CONTENT	PURPOSE	EXPECTED BEHAVIOR
I. Safety		
A. General principles		
1. Accidents can be prevented by alertness and planning		
2. Safety rules protect not only the patient but all those around him		
B. General procedure		
1. Prevention by awareness and action		
2. Specific safety rules and reasons for them, e.g., fire safety rules		
3. Review some of the safety rules in past lessons		
II. Accidents		
A. Types	Safety Legal aspects	Can list types of accidents, give examples of each and give ways to prevent each. Notices accident hazards on unit. Takes measures to prevent accidents; reports hazards as indicated.
1. Falls		
2. Burns		
3. Errors in diet, medications		
B. First Aid		
1. General		
a. Evaluate situation		
b. Report to R.N. promptly		
c. Don't discuss with patient, other patients, or co-workers		
d. Accident Report		
2. Specific first aid		
a. Falls: how to move; splints		
b. Burn: types; use of cold water, use of salves or oils?		
c. Errors in diet or medication are evaluated and treated by R.N. and doctor		
d. Care of hysterical patient		

Quiz:

1. List three types of accidents.

2. Give two examples of each.

3. How would you prevent each of the above accidents?

TRAIN VIII-1, 8, 10, 12.

LESSON 13

CARE OF EQUIPMENT

Time: 2 hours
Supplies:
As desired

Visual aids:
Use patient care unit or utility room
May visit Central Supply
Assignment:
Text

CONTENT	PURPOSE	EXPECTED BEHAVIOR
I. Value of proper care A. Equipment, instruments and dressings are sterilized to prevent "germs" from entering wounds B. Prolong life of equipment C. Have equipment ready for use	Infection control	
II. General methods. Explain "clean" versus "dirty" A. General cleansing 1. Rinse in cold water 2.. Wash well in hot soapy water 3. Sour if appropriate 4. Rinse well under running water 5. Dry B. Common methods of sterilization 1. Boiling 2. Disinfectants 3. Steam under pressure Discuss values and problems of each method for each type of material		Can describe steps in general cleansing. Can specify type of cleaning for specific articles. Return demonstration. Cleans items before sending them to Central Supply. Cleans items and prepares them for further use.
III. Discuss procedures* and demonstrate specific methods A. Rubber, reusable plastics B. Metal, enamel ware, glassware 1. Syringes 2. Instruments C. Electric equipment, e.g., suction machine		

Quiz:

*1. Check the items which need to be cleaned before being used for another patient.

patient's drinking glass__________

aide's hands after mouth care_____

chair _____

bedside table _____

wheelchair _____

patient's comb__________

laundry hamper__________

aide's hair____________

patient's urinal________

patient's pillow________

*2. Types of sterilization are listed below. Put the letters of the types of sterilization which may be used on the line beside each item.

a. Boiling

b. Disinfectant solution

c. Autoclaving

d. None of these

rubber draw sheet________________

glass syringes__________________

bath basins_____________________

scissors________________________

rubber tubing___________________

*3. How would you clean a bath basin before sending it to Central Supply?

TRAIN VI-30, 31, 32, 33, 34.

*Answers: 1 - glass, hands, table, comb, urinal, pillow; 2 - b, a or c, a or c, a or c, c; 3 - rinse in cold water, wash in hot soapy water, use cleanser, rinse and dry.

UNIT III. PATIENTS REQUIRING SPECIAL TYPES OF CARE

STUDENT OBJECTIVES:

A. Further develops the ability to adapt care to the specific patient.

B. Develops a beginning understanding and appreciation of special means of patient care.

C. Develops deeper awareness of the need for team nursing and the part it plays in patient care.

LESSON 14

HANDICAPPED PATIENTS

Time: 4 hours
Supplies:
Rehabilitation helps, devices
Guest lecturer:
An occupational or physical therapist may help with this lesson

Visual aids:
May tour Rehabilitation facility
Samples of ability records
Film: "The Proud Years" - 28 min.
Assignment:
Text
Rehabilitation booklets

CONTENT	PURPOSE	EXPECTED BEHAVIOR
I. Types of handicaps: mental and physical Discuss examples: hemiplegia as from a stroke; swollen, sore joints of arthritis; asthma; Parkinson's disease; deafness; amputation, etc. *Film: "The Proud Years"		Shows awareness of patient feelings in the approach used.
II. Patient approach	Rehabilitation	
A. Patient feelings 1. Depression, loss of hope 2. Need for praise, encouragement 3. Look at what patient has, NOT what he has lost 4. Need to be less dependent B. Goals 1. Encourage patient to participate in planning goals and activities 2. Set small goals which patient can reach 3. Set goals that have meaning to patient	Motivation	Looks at what patient has, plans care (with R.N.'s help) from this aspect.
4. Usually begin with activities of daily living. Discuss		Can describe "activities of daily living".
III. Team planning is essential A. Schedule must permit as much service and as many opportunities for the patient as possible B. Cooperation is essential to prevent patient confusion C. Use of ability records*	Team	
IV. Team	Team	
A. Nursing team: Hospital, extended care facility, nursing home, home Discuss role of each member including Public Health Nurse and Home Health Aide B. Doctor evaluates physical cause and effect		Able to describe basic functions of each health team group and can identify needs of the patient in terms of services available.

CONTENT	PURPOSE	EXPECTED BEHAVIOR
C. Physical and occupational therapists evaluate capability, set goals, adapt equipment, plan exercise, re-evaluate		
D. Speech therapist helps regain use of speech		
E. Dietician plans special diets or foods		
F. Social worker assists in adjustment to illness and use of community resources		
G. Home economist helps organize home for handicapped homemaker, etc.		
V. Special needs		Able to describe special devices and to relate these to patients who might use them.
A. Mechanical aids		
1. Refer to those discussed in Lesson 4		
2. Discuss hearing aids, artificial limbs, etc.		
B. Dressing and undressing		
1. Special clothes, e.g., skirts which are open in back to wear in wheelchair, use of Velcro closures		
2. Aids, e.g., long handled shoehorn, zipper pull, elastic shoe laces		
3. Assistance, e.g., dress injured arm or leg first; hook brassiere in front, turn to back, slip arms through straps		
C. Special skin care needed, e.g., 4 inch thick foam pad on wheelchair		
D. Prevent infection, e.g., increased susceptibility to decubiti, bladder infection, etc.	Infection control	
E. Safety measures related to specific handicap	Safety	

Quiz:

1. Name two members of the health team and what they do for the handicapped patient.

2. What are some special needs of a handicapped patient? How would you help meet these needs?

3. Give five examples of "activities of daily living".

4. Why are praise and encouragement needed by the handicapped person?

5. Describe at least two special devices used by the handicapped and tell why these are used.

TRAIN II-15; VII-7; IX-6, 7, 9.

EXHIBIT XIX

SUGGESTIONS FOR THESE HANDICAPS

Handicap	Stress these points	Student response
Mental	Differ in ability to understand Differ in behavior according to mental ability, e.g., aged, very ill, retarded	Talks with patient in a manner which he can comprehend.
Hearing	Get in line of vision Let patient watch your lips Talk slowly but normally *Demonstrate mechanism of hearing aid, insertion of earpiece and how to clean it	Shows special consideration for patients with hearing loss.
Speech	Give undivided attention Give patient feeling that you have time to listen Try to understand but don't guess too much	Encourages patients with speech problems to talk.
Sight	Speak when you enter their room Tell patient your name, what you will do, describe the environment, etc. If partially blind, seat patient so light comes from behind and shines on objects he wants to see *Demonstrate care of glasses, e.g., cleaning, prevention of breakage	Takes time to talk to patient. Encourages self-help. Keeps patient's glasses clean and available.
Touch	Patient with scars from burns, etc., has no feeling in that area of body Older patients have decreased sense of touch, especially in their legs	Protects patient from heat, etc.
Equilibrium	Patient who is dizzy Keep things available to him	Gives needed help to avoid accidents but encourages patient to care for self within limits.
Motor power	Varies: stroke may cause paralysis or weakness; parkinson's disease-shaky Use good muscles to care for self Help given by O.T., P.T., etc.	Encourages patient to do all he can.

LESSON 15

PATIENT WITH A CAST OR TRACTION

Time: 1 1/2 hours

Supplies:
  Pictures or display of casts, traction, special frames
  Procedure lab

Visual aids:
  Pictures or display of casts, traction, special frames

Assignment:
  Text

CONTENT	PURPOSE	EXPECTED BEHAVIOR
I. Introduction A. Describe casts, traction, special frames, etc., using pictures, displays B. Purpose is to hold the bones and/or muscles in a certain position		
II. Team A. Doctor orders and applies B. Nurse assists doctor and adjusts traction to keep it as ordered C. Nurses' aide may give care to the patient in a cast and/or traction but must ask nurse before moving patient or mechanical devices as weights or pillows	Team	Can discuss role of each team member in the care of this type of patient.
III. Care of patient A. Protect the skin 1. Swelling, pain, cyanosis or loss of feeling may mean the cast or traction is too tight a. Report at once! b. Elevate limb if in cast	Communication Safety	
2. Prevent chaffing, sores a. Check cast edges for rough spots b. Check spots where traction touches the patient c. Report red areas at once! d. Give adequate support to limb		Gives good care to the patient in a cast and/or traction. Reports are sufficient, accurate.
3. Prevent bedsores from lying too still a. Turn frequently b. Rub back every 2-4 hours c. Report sores		Can describe at least 4 of the 5 areas to consider when caring for this patient. Can list several things to consider in each area.
B. Maintain body alignment 1. Learn how cast or traction is applied 2. Report changes to nurse a. Cast, e.g., if broken, cracked or wet or if limb not in correct position		Can list at least 3 conditions which must be reported to the nurse.

CONTENT	PURPOSE	EXPECTED BEHAVIOR
b. Traction, e.g., weights off floor, feet or head touching end of bed, bed in position ordered, and limb a certain height above bed		
C. Prevent or lessen pain		
1. Handle injured part gently		
2. Avoid bumping bed, cast or traction		
3. Keep bedclothes off injured part		
4. Use fracture pan		
D. Keep injured part warm		
E. Keep patient's things where he can reach them		
F. Discuss patient's feeling, e.g., pain, fears loss of function, boredom, doubts effectiveness of treatment		
IV. Special frames		
A. Value		
1. Can turn patient more easily		
2. Patient can do more for self		
B. Adapting care		

Quiz:

1. What may you do for a patient in a cast? What should you not do?

2. What observations should you report to the nurse?

3. Why would a patient with a body cast be put on a Circ-o-Lectric bed?

TRAIN III-26; VII-2; IX-8.

LESSON 16

THE CONVULSIVE PATIENT

Time: 1 1/2 hours
Visual Aids:
Film: "Not Without Hope" - 23 minutes

Assignment:
Booklets

CONTENT	PURPOSE	EXPECTED BEHAVIOR
I. Introduction		
A. Describe types of convulsions		
B. Etiology, e.g., epilepsy; high temperatures, especially in children; electrolyte imbalance		
II. First aid for seizures	Safety Observation, reporting, recording Communication	Can describe care of patient before, during and after convulsion.
A. Protect patient		
1. If you know patient is prone to seizures		
a. Keep side rails up depending on patient		
b. Pad side rails		
2. If patient convulses		Seems to be able to accept the convulsive patient without fear or revulsion.
a. KEEP CALM, he is usually not suffering or in danger		
b. Stay with him. Send someone else for a nurse		
c. Help him to a safe place; do not restrain his movements; loosen tight clothing; DO NOT put anything between his teeth		
d. If he is unconscious after jerking subsides, turn gently on his side with his face downward		
e. DO NOT give him anything to drink		
f. Stand by till he has fully recovered consciousness and is no longer confused		
g. Let him rest if he is tired		
B. Observe and report		
1. Where did seizure start		
2. How did it progress		
3. Was the patient incontinent? Did he harm himself? Did his color change? Did he sleep afterwards? How long?		

Quiz:

1. What might cause your patient to have a convulsion?
2. What would you do if your patient convulsed?
3. What would you observe if your patient convulsed?

TRAIN VIII-2.

LESSON 17

THE DIABETIC PATIENT

Time: 4 hours

Supplies:
- Clinitest-Acetest sets and instructions
- Testape
- "Urine" which will test various amounts of sugar
- Diabetic I.D. card or bracelet

Visual aids:
- Anatomy Chart
- Chart on diabetic shock and and insulin reaction
- Film: "Diabetes Unknown" 25 minutes

Assignment:
- Test
- Booklets on Diabetes

CONTENT	PURPOSE	EXPECTED BEHAVIOR
I. Introduction A. Anatomy. *Chart-location of pancreas B. Causes are many; basically, body unable to use sugar effectively	Anatomy	
II. Team A. Doctor diagnoses and treats with diet and medications such as orinase, insulin, diabenese B. R.N. evaluates, observes, treats, teaches C. L.P.N. helps observe and teach D. N.A. helps observe, may teach skin and foot care E. Others, e.g., teachers, parents	Teamwork	
III. Patient Care A. Observe for diabetic shock and insulin reaction *Use chart 1. Know signs and symptoms 2. REPORT AT ONCE 3. Give emergency treatment B. Observe and teach 1. Foot care 2. Skin care C. Urine test 1. Purpose a. Determine presence of sugar and/or acetone in urine b. Aid in diagnosis and control c. Determine patient condition if question of shock or coma 2. Types: clinitest, acetest, testape, etc. 3. Procedure* Demonstrate, stressing a. ACCURACY b. Timing c. Methods, e.g., fractional urines, collecting urine from catheter d. How and where to record tests	Observation, reporting, recording Infection control Communication	Checks patient frequently especially at night. Can describe signs and any symptoms which might occur and can be done. Can describe and uses good foot and skin care. Return demonstration. Strives for accuracy. Reports and records accurately. Can discuss in own words how to do a fractional urine and why it is done. Asks for advice if not sure.

CONTENT	PURPOSE	EXPECTED BEHAVIOR
D. Diet 1. Review diabetic diet 2. Observe and report a. If diet given is incorrect b. How much patient eats 3. Stress need to eat at a regular time E. Patient feelings. (Cooperative, rebellious, grouchy, etc.) Stress need to know more about patient and how he lives Film: "Diabetes Unknown"		

Quiz:

1. Why test a patient's urine?

2. What symptoms would you watch for if you are caring for a diabetic patient?

3. What would you teach a diabetic patient about good foot care?

*4. What is a fractional urine?

*5. How do you collect urine from a catheterized patient for testing?

*6. What would you do if your diabetic patient ate very poorly?

TRAIN II-12; IX-10.

Answers:

*4. Collect first specimen at time ordered, test and discard.
Collect second specimen in one-half hour, test and discard.
Record results of second test.

*5. Directly from the foley catheter.

*6. Ask him why he didn't eat, encourage him to eat, observe exactly how much he ate, report.

LESSON 18

THE PATIENT WITH OXYGEN

Time: 2 1/2 hours
Supplies:
Oxygen equipment

Visual aids:
Anatomy charts
Assignment:
Text

CONTENT	PURPOSE	EXPECTED BEHAVIOR
I. Introduction A. Purpose is to provide more oxygen to lungs. Discuss 1. Emphysema - less "good" lung tissue 2. Pneumonia - fluid in lungs restricts area for absorption of oxygen 3. Congestive heart failure - less blood flows through lungs *Anatomy chart B. Symptoms of lack of oxygen: fear; dyspnea; rapid, weak pulse; cyanosis; loss of consciousness; death C. Discuss patient feelings as relief, fear		Can describe and watches for symptoms of lack of oxygen. Relates patient behavior to his having oxygen therapy.
II. Team A. Doctor orders; may be given without an order in emergency B. RN applies; does specific care C. LPN assists RN with application and specific care D. NA may care for patient who is receiving oxygen; assists with skin care, accident prevention, observation	Team	Describes function in relation to other team members.
III. Demonstrate procedures and equipment	Safety	
IV. Precautions A. Prevent fire (oxygen helps fire in other materials burn rapidly) 1. "Oxygen - No Smoking" signs 2. Instruct patient and visitors 3. Check equipment for leaks 4. Keep electrical equipment away from oxygen 5. Do not use woolens, nylon, other materials which create static electricity; use cotton blankets 6. Never store oxygen tanks near radiators or heating equipment B. Prevent accidents, e.g., fasten oxygen cylinders firmly	Safety	

CONTENT	PURPOSE	EXPECTED BEHAVIOR
V. Patient care A. Administration 1. Know where settings and equipment should be - report if not correct - check a. Water in moisturizer chamber b. Oxygen meter and tank gauges c. Connections for leakage d. Placement of catheter, cannula, mask or tent 2. DO NOT TOUCH without permission B. Give skin and mouth care frequently Do not use oil or alcohol in skin care C. Offer fluids frequently if patient may have them D. Feelings 1. Unable to "get breath" 2. Strangeness of equipment 3. Don't want to be alone	Observation	Can describe what should be observed for the patient receiving oxygen. Adequate care of the patient receiving oxygen. Accurate, complete reports which indicate awareness of important aspects of oxygen administration.

Quiz:

1. What symptoms would you watch for if your patient was receiving oxygen?

2. Why might your patient be frightened if he was receiving oxygen?

3. What are some things you can do for your patient if he is receiving oxygen?

   What shouldn't you do?

4. What would you watch on the oxygen equipment to see if your patient is receiving proper oxygen therapy?

5. How can you keep oxygen tanks from falling over?

TRAIN VI-19, 20.

LESSON 19

THE UNCONSCIOUS PATIENT

Time: 1 hour

Assignment:
Text

CONTENT	PURPOSE	EXPECTED BEHAVIOR
I. Introduction		Can list conditions which might cause the patient to faint, as heat.
A. Anatomical causes, e.g., lack of blood or oxygen to brain, trauma, effect of anesthesia		
B. Causes, e.g., heat, fatigue, stroke, trauma, drugs, surgery		
C. Types		
1. Partial or complete		
2. Brief or lengthy		
II. General care	Observation	
A. Stress patient's ability to hear		Able to list and give examples of important areas of care. Observes the unconscious patient closely. Follows guidelines for care.
B. Prevent choking or aspiration		
1. Keep patient on side or abdomen		
2. Do not give him food or fluids		
C. Observe closely and report changes at once		
1. Pulse, respirations		
2. Color		
3. Movements		
4. Size of pupils		
D. Discuss when this patient should and shouldn't be left alone		
E. Use safety precautions	Safety	
1. Prevent burns since patient has no sense of heat and cold		
2. Prevent falls		
F. Give good skin care		
G. Turn frequently and place in good alignment		
III. Special care - examples		
A. Brief periods of unconsciousness, e.g., fainting		
1. Stay with the patient		Remains with patient if he feels faint; uses safety measures.
2. Try to have him put his head down (sit or lie down)		
3. Call or send someone for help	Communication	
B. Moderate periods of unconsciousness, e.g., post-surgery		

CONTENT	PURPOSE	EXPECTED BEHAVIOR
1. Observe and report a. Vital signs b. Nausea and vomiting c. Shock d. Bleeding e. Effects of care, e.g., medication, position changes	Observe and report	Can explain significance of change in vital signs. Can describe symptoms of shock and how to check for bleeding.
2. Special care a. Frequency of vital signs b. Mouth care important c. Application of heat, e.g., hot water bottle and Aqua K pad d. Application of cold, e.g., ice bags e. Bandages, e.g., T-binder, scultetus, abdominal binder f. Intravenous fluids g. Rectal tube		Demonstration.
C. Long periods of unconsciousness 1. Special importance of observing patient reactions, e.g., size of pupil and reflexes 2. Special care a. Frequent skin and mouth care b. Tube feedings		

Quiz:

1. What might cause your patient to faint? What would you do?

2. What are two things you must remember in caring for any unconscious patient? Why are these important?

TRAIN III-20; IV-11; VI-5,12; VIII-3, 4, 5, 6, 9, 11; IX-14.

LESSON 20

THE CRITICALLY ILL PATIENT

Time: 1 1/2 hours

Supplies:
- IV equipment display
- Suction equipment

Assignment:
Text

CONTENT	PURPOSE	EXPECTED BEHAVIOR
I. Emotional aspect A. Feelings of N.A., patient, family, doctor B. What to do: explain procedures to patient and/or family, check this patient frequently, talk to patient even if he doesn't seem to hear you, etc.	Communication	
II. Spiritual needs A. Tell nurse if patient wants priest, etc. B. Prepare patient for communion, etc.	Religion	Reports patient's requests to nurse.
III. Physical needs A. Skin care, e.g., keep clean, protect from sores, turn since patient may sweat heavily B. Mouth care frequently, also offer fluids or moisten mouth C. Bowel and bladder care		
D. Special treatments. Review 1. Restraints 2. Oxygen 3. Suction 4. Intravenous therapy a. Keep patient warm b. Check for reaction, e.g., chills, fever, dyspnea c. Check for infiltration, e.g., pain and swelling d. Be sure fluid is flowing	Observation	Makes an effort to learn as much as possible about her patient's care even though she is not responsible for total care. Patients under her care seem comfortable and relaxed.
E. Observe for 1. Choking or aspirating 2. Convulsions 3. Changes in condition		Can describe areas of care needing special attention for this patient.
Stress: Nurses' aide will assist with care, is not expected to give all the care.	Team	

Quiz:

1. Why is good mouth care important for the critically ill patient?

2. What would you be alert for when observing the critically ill patient?

3. Do you talk to your unconscious patient as you care for him? Why?

4. Are you expected to give all of this patient's care? Why or why not?

5. Define:
    a. NPO
    b. I&O
    c. Sitz bath
    e. Tarry stool
    f. Hemorrhage

LESSON 21

THE PATIENT AND DEATH

Time: 2 hours

Assignment:
Text

CONTENT	PURPOSE	EXPECTED BEHAVIOR
I. Emotional aspects A. Preparation for dying, e.g., right to die in peace, patient needs time for adjustment to loss of life and relatives to loss of patient		
B. Discuss feelings of patient, family, student, e.g., feelings of fault, fear of unknown, gladness, sorrow (could have done more), selfishness		Shows consideration of family and friends.
II. Special points in care of dying patient A. Avoid holding out false hopes but do not give up, many patients have recovered.		Able to discuss theory of "Don't give up!"
B. Skilled care is needed but understanding, good judgment and consideration of patient and family are more important 1. Attend to religious needs 2. Accept expressions of grief	Communication	Refers family and visitors to doctor and nurse for information.
C. Observe carefully and report accurately	Observation	
III. Care after death *Procedure Stress: respect for the dead A. Doctor pronounces patient dead B. Patient is washed and prepared for relatives' visit C. Finish post-mortem care		Follows procedure in giving post-mortem care. Can list major points or care after death. Shows empathy but is reliable and able to function.

Quiz:

1. Why should you "Never Give Up"?

*2. How would you answer the patient if he asked, "Am I going to die?"

3. What would you say if a patient's wife asked you, "Is it safe for me to leave him?"

4. How would you care for the patient after death?

TRAIN I-15, 17; VIII-7; IX-21, 22, 24.

*2. Note small improvements, ask patient what they think, refer to doctor.

LESSON 22

CHILDREN

Time: 3 1/2 hours

Visual aids:
Film: "Principles of Development"
20 minutes
Assignments:
Booklets

CONTENT	PURPOSE	EXPECTED BEHAVIOR
I. Age groups	Growth and Development Observation	
A. Birth to 2 years		
1. Physical		
a. By 1 year should be able to sit alone, pull self erect, say single words, have four teeth, weigh about triple birth weight		
b. By 2 years should walk, run, eat solid foods with little help, use word phrases, have 12-16 teeth		
2. Psycho-social		
a. Develop trust and independence		
b. Learns bowel and bladder control		
c. Ranges from negative stage to enjoying helping mother		
B. Pre-School (2-6 years)		Can identify behaviors typical of children at various stages of development.
1. Physical		
a. Develops manual and language skills, and control of elimination		
b. Gets first permanent teeth		
c. Loses baby fat		
2. Psycho-social		Adapts child care to expected level of development and gives specific care safely and effectively.
a. Gains self-confidence		
b. Becomes imitative and imaginative		
c. Asks endless questions		
d. May resent a new baby		
C. Childhood (7-12 years)		
1. Physical		
a. Great energy and growth		
b. Permanent teeth replace deciduous		
2. Psycho-social		
a. Learns to be a leader and follower		
b. Develops ability to cooperate; pride in ability to care for self; interest in clubs, the basis of good citizenship		
c. Tries to act like playmates		

CONTENT	PURPOSE	EXPECTED BEHAVIOR
D. Adolescence (12-18 years)		
1. Physical		
a. Sexual changes		
b. Sudden spurt of growth		
c. Unusual fatigue after bursts of energy		
2. Psycho-social		
a. Needs parental guidance, acceptance by peers		
b. More mature physically than emotionally		
c. Secretive about self, feelings		
d. Sexual urge		
e. Develops religious interests		
II. Health care, review above groups, stressing		
A. Dietary needs	Nutrition	
B. Safety needs	Safety	
C. Physical care, e.g., bath, clothes, etc.		
1. Infection prone	Infection control	
2. Teach hygiene		
D. Feelings		
E. Communication	Communication	

Quiz:

*1. Match each age group with the type of behavior usually seen.

a. birth to two
b. 2-6 years
c. 7-12 years
d. 12-18 years

_____ gets remainder of permanent teeth
_____ shows sexual changes
_____ begins to walk and run
_____ asks endless questions
_____ secretive about self

*2. Complete these sentences.

a. A ____ year old should be able to feed himself with little help.

b. The teenager dresses and acts like others his age because ______________ ____.

c. A child learns by ____.

d. A child loses his baby fat ______________________________________.

e. To protect a young child, poisons should ____________________________.

3. Why is control of infection difficult in younger age groups?

*4. What types of food would be best for 7-12 year olds? What foods should be given in moderation?

*Answers:

1. c, d, a, b, d.

2. a-2; b - needs peer acceptance, c - hearing, seeing, experiencing, imitating, education; c - 2 to 6 years.

4. Energy and growth foods as protein, carbohydrates, vitamin rich foods; candy, fats, nuts.

LESSON 23

ADULTS

Time: 3 hours

Assignment:
Booklets

CONTENT	PURPOSE	EXPECTED BEHAVIOR
I. Younger adult (19-50 years) Discuss:	Growth and Development	
A. Physical		
1. Gradual aging		
a. Women - menopause		
b. Hair grays and face wrinkles		
2. Maintenance needs	Basic needs	
a. Good nutrition		
b. Adequate housing		
c. Personal habits, e.g., moderate regarding use of alcohol and tobacco, rest, exercise and personal hygiene		
B. Psycho-social roles		
1. Sex and reproduction		
2. Occupation and/or advanced education		
3. Family role		
a. Breadwinner-Homemaker		
b. Parent		
c. Wife-husband demands		
II. Adult (51-64 years) Discuss:		Relates specific characteristic to group in which it is most usually seen.
A. Physical		
1. Men - gradual sexual change		
2. Reduced energy		
3. Decreased body functioning		
B. Psycho-social		Relates patient care to learnings about growth and development.
1. Children leaving home; grandchildren		
2. Change or lack of it in occupation		
3. Interest in church and community activities may increase		Can suggest and use adaptations of care to fit the patient.
III. Older adult (65 on) Discuss:		
A. Physical	Safety	
1. Injured more easily, increased safety needs		
a. Bones more brittle		
b. Muscles weaker		
c. Energy less and fatigues easily		

CONTENT	PURPOSE	EXPECTED BEHAVIOR
2. Resistance to disease decreased	Infection control	
3. Appearance of concern a. Skin drier b. Loss of fat pads		
4. Loss of contact with world due to poorer sight, hearing, memory loss	Rehabilitation	
B. Psycho-social 1. Less adaptable 2. Retirement 3. Fewer social contacts 4. Thinks of death as friends die and he ages 5. Need to feel needed		

Quiz:

*1. Cross match group with characteristics usually seen.

a. Younger adults
b. Adults
c. Older adults

_____ Children leaving home
_____ Less contact with world
_____ Menopause - men
_____ Interest in church activities may increase
_____ Increased safety needs
_____ Choice of job is made

2. Discuss the safety needs of one of the above age groups. (What safety precautions can be taken? Why?

3. Do men go through a change similar to menopause?

4. How does menopause affect a woman?

5. As we grow older, do we need more or less food? Why?

TRAIN IV-18; VII-16.

*Answers:

1. b,c,b,b,c,a.

LESSON 24

PROBLEMS OF AGING

Time: 3 hours Assignment: booklets

CONTENT	PURPOSE	EXPECTED BEHAVIOR
I. Introduction		
A. Describe		
1. Geriatrics - care of the elderly		
2. Gerontology - study of aging		
3. Aging - process of growing older which begins before birth		
B. Concepts of aging include		
1. Body grows older, wears out		
2. Aging is accumulation of chronic diseases, each of which limits body's ability to function		
C. Goals in geriatric nursing		Evidences realization that there are many ideas on aging which will change due to findings of those who are studying this area.
1. Individualized care of whole person		
2. Help individual to function at his best		
a. Restore the sick to health		
b. Prevention		
c. Early treatment		
3. Cooperation of team, e.g., medical personnel, social worker, minister, community agencies	Team	
D. Stress		
1. Changes vary with each person		
2. Effect of one's own view of aging		
3. Effect of public opinion on our feelings toward aging		
II. Problems and care		
A. Sociological		
1. Problems		Can identify causes of individual's problems and suggest logical solutions.
a. Retirement: decreased income, decreased motivation		
b. Loss of spouse, friends		
c. Loss of home: problems of living with children, loss of possessions		
2. Approach: little can be done to change these factors so the older person needs help to adjust		
B. Psychological	Communication	
1. Problems related to		
a. Shock of realizing he is "growing old"		
b. Personality pattern intensified		
c. Reaction to society's attitude toward aging		
d. Accumulated psychiatric trauma, e.g., inability to gain goals he has set for self, slights of others		

CONTENT	PURPOSE	EXPECTED BEHAVIOR
e. Accumulated brain damage from illnesses and trauma		
2. Approach		
a. Observe for depression, e.g., loss of appetite, "bowel trouble", headache	Communication	Listens to patients - reports their problems.
b. Give support, e.g., listen, be patient, avoid unnecessary irritations		
c. Encourage activity which will give patient self-satisfaction		
C. Physical *Use Anatomy Chart		
1. General		
a. Symptoms are often less marked so minor complaints are more important		
b. Toleration for drugs may be decreased		
c. Increased safety needs		
2. Specific - Most texts on aging note specific problems which develop in each body system	Infection Control	
3. Approach - Generally see a large number of diagnoses, but must not give up - must treat each illness separately, remembering effect of one on the other	Safety	

Quiz:

*1. There is/are (one/many) ways to think of aging.

2. Aging is ______________________________
____

*3. Sociological problems of aging usually (can/cannot) be changed.

4. Two physical problems which may come with aging are:
a.______________________________
b.______________________________

*5. Older people often feel ____________________ when they realize they are "growing old".

*Answers:

1. many; 3. cannot; 5. depressed.

LESSON 25

CONFUSED AND/OR UNCOOPERATIVE PATIENTS

Time: 4 hours

CONTENT	PURPOSE	EXPECTED BEHAVIOR
I. Causes *Anatomy chart A. Psychological, e.g., basic personality, reaction to stress of illness, lack of appropriate stimulation B. Physical, e.g., type of illness, as stroke; medication; fever; shock; circulatory causes	Anatomy	
II. Observe closely. Report A. Purpose		Aware of what should be observed.
1. Helps determine cause 2. Helps individualize care 3. Helps plan and evaluate treatment B. What to observe 1. Temporary, intermittent, permanent 2. In relation to what areas, e.g., eating patterns, care of self 3. How is confusion or uncooperativeness expressed? e.g., physically, verbally, non-resistively 4. Reaction to measures, such as, persuasion, firmness	Observation, reporting, charting Communication	Reports problem, approach, results.
III. Care A. Safety measures. Discuss 1. Restraints 2. Environment - remove throw rugs, use dutch doors to service areas 3. Prevent run-aways B. Means of prevention or alleviation of problem for some patients 1. Stimulate mental activity by social activities, recreation, etc.		Can list examples of preventative or rehabilitative care. Can list and evaluate safety measures.
2. Retrain as with bowel and bladder training 3. Repeat (if confused), i.e., remind patient to eat, bathe, dress 4. Help him find his way around, e.g., use ribbon or colored door marker, Buddy system 5. Adapt care to patient, e.g., foods according to likes, dislikes, and dental ability; reduce stress		Patiently repeats information or instructions. Shows respect and consideration for the patient. "Looks after" patient in a manner which is helpful to him.
IV. Self A. How did you feel when your patient was confused or uncooperative? B. What did you do?		

CONTENT	PURPOSE	EXPECTED BEHAVIOR
C. What could you do? 1. Report to nurse 2. With her help a. Determine cause b. Choose approach (Is what you want done necessary?) c. Evaluate patient response		Listens. Is patient. Seeks help.

Quiz:

1. Why might an older person be confused?
2. What are four safety measures which could be used to protect a confused patient?
3. What can be done to help the patient remember where his room is?
4. Why is observation important if your patient is confused or uncooperative?
5. Why might your patient be uncooperative?

TRAIN I-12; IX-19, 20.

EXAM 1*

Circle the letter of the one best answer:

1. One day while a group of nurses' aides are eating lunch in the cafeteria, Miss Smith says, "Mrs. Brink certainly looks worse today." What is the best thing for her friend to say?
   A. "She surely does."
   B. "Let's not talk about it here."
   C. "What is wrong with her?"
   D. "Did you have fun at the picnic yesterday?"

2. If your back hurt after pulling a heavy patient up in bed, what would be the best thing to do?
   A. Try to "work it off."
   B. Tell your team leader.
   C. Try not to do any more lifting that day.
   D. Ask for the rest of the day off.

3. Your patient tells you how to do each small part of her care. What would be the best way to care for this patient?
   A. Say, "I know how to do these things!"
   B. Follow the patient's instructions and try to stay away from her.
   C. Follow her instructions and look in frequently to see what she needs.
   D. Encourage her to tell you how to do her care.

4. Miss Jones has one patient who becomes very angry when she cares for him. What should she do?
   A. Refuse to care for him.
   B. Finish his care as quickly as possible and leave him alone.
   C. Talk with her team leader about the problem.
   D. Ask another aide to exchange patients with her.

5. Handwashing is important because
   A. It is a means of stopping spread of infection.
   B. It keeps your hands more attractive.
   C. It makes a person feel cleaner.
   D. The soap keeps your hands softer.

6. When cleaning your patient's bedside table, you find these things. Which must you be sure to report to the nurse?
   A. A dollar bill.
   B. A box of candy.
   C. A bottle of aspirin.
   D. An enema can.

7. All of the following conditions in a patient's room require attention. Which one would you take care of first?
   A. Dirty kleenex are on the floor under the bed.
   B. A puddle of water has spilled on floor.
   C. A tray is still sitting on the overbed table.
   D. The patient has dropped his signal cord.

*Covers lessons 1 through 14.
See answers and scoring formula at end of test.

8. If your patient may have sips of water, he could have:
   A. A pitcher of water on his bedside table.
   B. Tea or coffee if he wished.
   C. Water without ice.
   D. Fruit juice instead.

9. If your patient is coughing, he needs tissues and
   A. A sputum cup.
   B. An emesis basin.
   C. A paper bag.
   D. A steamer in his room.

10. A patient's weight may change from day to day. One of the following would not affect your patient's weight.
    A. The clothes he is wearing.
    B. Loss of extra fluid from his body.
    C. Whether he sits or stands on the scales.
    D. Whether the scale has been balanced before he is weighed.

11. Which of the following temperatures would you report to the nurse?
    A. 97^8
    B. 100^4
    C. 98^4
    D. 101

12. Which of the following would you not do when admitting a patient?
    A. Take his TPR.
    B. Ask him to collect a urine specimen.
    C. Encourage him to go out for lunch with his family.
    D. Explain the use of the telephone to him.

13. A doctor wants to change your patient's dressing and asks for the dressing cart. You know where the dressing cart is. What would be the best thing for you to do first?
    A. Tell the nurse that the doctor wants the dressing cart.
    B. Show the doctor where the dressing cart is.
    C. Get the dressing cart for the doctor.
    D. Tell the doctor you cannot help him.

14. You find a patient sitting on the floor in the bathroom. What should you do first?
    A. Help the patient back to bed.
    B. Push the emergency call button and wait for help.
    C. Ask the patient what happened.
    D. Straighten the patient's clothes and flush the toilet.

15. An emesis basin would be sterile if
    A. It had no dust on it.
    B. It had no spots of emesis on it.
    C. It had been washed.
    D. It had no bacteria on it.

Put the letter of the best answer in the space provided.

16. From the following examples of human behavior, identify those which show (a) physical, (b) social or emotional, or (c) spiritual needs.
_____Uses the bedpan frequently.
_____Wants a bible to read.
_____Holds the nurse's hand tightly.
_____Wants an extra blanket.
_____Complains that no one likes her.

17. Which of the following would (a) prevent injury, (b) prevent infection, or (c) prevent distention if your patient had a catheter?
_____Covering the ends of the tubing when it is disconnected from the catheter.
_____Restraining the patient if necessary.
_____Fastening the catheter to the sheet or the patient's leg.
_____Washing the perineal area.
_____Making sure the catheter is draining.

18. Who would be the best person to go to if you
_____Need help turning your patient.
_____Have a doctor's appointment during duty hours.
_____Think your patient's arm is swelling.
_____Want your assignment changed.
_____Wish to resign.

a. Team member
b. Team leader or head nurse
c. Director of nursing or supervisor

19. When would you report that your patient
_____Had a tarry stool.
_____Is allergic to penicillin.
_____Doesn't like milk.
_____Sat up for one hour.
_____Wants a shower in the morning.

a. Immediately
b. When you see the team leader
c. End of the shift

Circle letters of correct answers.

20. Good nursing care in moving and positioning your patient
A. Prevents deformities.
B. Takes less time.
C. Keeps your patient's bed neat.
D. Makes your patient more comfortable.
E. Includes explaining what you are doing.

21. Before moving a patient up toward the head of the bed, you should
A. Remove pillows.
B. Remove the footboard, if present.
C. Raise the headrest.
D. Lower the siderails.
E. Have him bend his knees.

22. Dentures should be
    A. Left in the patient's mouth at night if he wishes.
    B. Washed in cool water.
    C. Kept in a tissue when not in your patient's mouth.
    D. Removed before your patient goes to surgery.
    E. Washed no more than twice each day.

23. "Activities of daily living" include
    A. Skiing.
    B. Dressing oneself.
    C. Combing one's own hair.
    D. Tieing shoe laces.
    E. Bowling.

Briefly define the following:

24. I & O____

25. F.F.____

26. Tarry stool____

27. R.O.M.____

Answers: 1-B, 2-B, 3-C, 4-C, 5-A, 6-C, 7-D, 8-C, 9-C, 10-C, 11-D, 12-C, 13-C, 14-C, 15-D, 16-c, a, b, a, b; 17-b, b, a, b, c; 18-a, b, b, b, c; 19-a, a, b, c, c; 20-A,D,E; 21-A,D,E; 22-A,B,D; 23-B,C,D; 24 Intake and Output; 25 Force fluids; 26 a black sticky stool which indicates hemorrhage; 27-Range of Motion.

Scoring: one point for each correct answer,
one point off for each incorrect answer.

Number of correct answers minus number of incorrect answers X 2 = student score.

EXAM 2*

Circle the letter of the one best answer:

1. A patient's signal light should be answered quickly because
   - A. He may become noisy and disturb other patients.
   - B. He is expressing a need.
   - C. He might need the bedpan.
   - D. Otherwise he may complain about your work.

2. Which of the following should you not do, when you are giving your patient a bed bath?
   - A. Fold the washcloth over your hand to make a mit.
   - B. Open the window a crack to keep the room from being so hot.
   - C. Replace the top covers with a bath blanket.
   - D. Keep the patient covered as you wash her chest and abdomen.

3. Three qualities that you would observe when taking your patient's pulse are
   - A. Rate, rhythm, speed.
   - B. Strength, speed, rate.
   - C. Rhythm, strength, rate.
   - D. Rate, strength, sound.

4. A diabetic diet is different than other diets because
   - A. The patient gets less food.
   - B. Only low calorie foods may be eaten.
   - C. No bread and potatoes may be eaten.
   - D. Amounts and kinds of food are measured.

5. "No Smoking" signs are put up when oxygen is used because
   - A. Oxygen burns.
   - B. Smoking keeps the patient from breathing deeply.
   - C. Oxygen makes other materials burn easier.
   - D. Smoking annoys a patient who is receiving oxygen.

6. When filling and applying a hot water bottle, you would do all of the following except
   - A. Cover it with a flannel bag or wrap it in a towel.
   - B. Lay it flat and press gently to push out air before closing it.
   - C. Fill it with steaming hot water so it stays warm longer.
   - D. Fill it one half to two thirds full of water.

7. Symptoms of lack of oxygen include
   - A. Brief fainting spells.
   - B. Dyspnea.
   - C. A red face.
   - D. A slow, strong pulse.

8. If an unconscious patient begins to vomit, you should first
   - A. Hurry to get the nurse.
   - B. Turn his head to one side.
   - C. Get the emesis basin.
   - D. Turn on his signal light.

*Covers lessons 15-25 plus questions on earlier lessons.
See answers and scoring formula at end of test.

9. You would use restraints on your patient for all these reasons, except to keep him from
   A. Wandering out of his room.
   B. Falling out of bed.
   C. Pulling out his catheter.
   D. Taking off his clothes.

10. As a member of a nursing team, you are not responsible for
   A. Giving all the care each of your patients needs.
   B. Reporting changes in your patient's condition.
   C. Helping keep the utility room clean.
   D. Taking temperatures as assigned.

Briefly define the following:

11. N.P.O.____

12. Edema____

13. I.V.____

14. Stat____

15. C.V.A.____

16. Nausea____

17. Cyanosis____

18. Ad lib____

19. P.R.N.____

20. Bid____

Fill in the blanks:

21. A patient who is too heavy may be given a ____________diet.

22. A normal rectal temperature is written____________.

23. An oral temperature takes____________minutes to register.

24. Diabetic diets are calculated using the ____________system.

25. The "daily four food plan" includes____________.

26. ____________27.____________28.____________.

29. A____________year old should be able to feed himself with little help.

30. A child begins to walk when he is about____________year(s) old.

Circle letters of correct answers:

31. Important steps which must be remembered in all nursing procedures are
    A. Wash your hands.
    B. Cover the patient with a bath blanket.
    C. Tell your patient what you are going to do.
    D. Collect everything you need before you start.
    E. Lower the headrest of your patient's bed.

32. You should have the following skills when you finish this course
    A. Able to plan a meal for a diabetic patient.
    B. Able to change a sterile dressing.
    C. Able to collect stool specimens.
    D. Able to give medicines.
    E. Able to help your patient walk with her walker.

33. Some qualities most needed by a good nurses' aide are
    A. Ability to get along with others.
    B. Dependability.
    C. Patience.
    D. Ability to laugh easily.
    E. Physical strength.

34. Acceptable topics of conversation with patients are
    A. His doctor.
    B. Your home.
    C. Another nurse.
    D. His family.
    E. His hobbies.

35. You should keep your patient's room neat and orderly because
    A. She can relax better.
    B. This is one way to control infections.
    C. This discourages hoarding.
    D. Housekeeping personnel won't do this.
    E. You can work more efficiently.

36. Items which must be cleaned before being used by another patient are
    A. A patient's drinking glass.
    B. A chair.
    C. The bedside table.
    D. A patient's pillow.
    E. A telephone.

37. Helping your patient move and making sure he maintains good body positioning will
    A. Help prevent contractures.
    B. Sometimes help him regain the use of his muscles.
    C. Give you a chance to observe him.
    D. Keep him from complaining of pain in his muscles.
    E. Help prevent decubiti (bedsores).

38. When you help your patient do range-of-motion exercises, you are helping him exercise the following major joints
    A. Ankle.
    B. Arm.
    C. Shoulder.
    D. Leg.
    E. Neck.

39. If your patient has a catheter, you can help prevent infection by
    A. Keeping the outside of the catheter clean.
    B. Keeping the tubing clamped off.
    C. Putting alcohol in the drainage bag.
    D. Keeping the drainage bag lower than the bladder.
    E. Preventing distention.

40. When you admit a patient it is important to
    A. Put him to bed at once.
    B. Make him feel welcome.
    C. Orient him to his room.
    D. Observe him closely.
    E. Tell him how to pay his bill.

41. To help rehabilitate a handicapped patient you need to
    A. Look at what he has, not what he has lost.
    B. Do everything you can for him.
    C. Help him set large goals for himself.
    D. Emphasize small improvements.
    E. Act as part of a team.

42. If a patient is in traction, you should
    A. Remove the weights while you pull him up in bed.
    B. Prevent chaffing and sores.
    C. Loosen the traction if it is causing sores.
    D. Tuck the top sheets tightly under the mattress to prevent drafts.
    E. Raise the foot of the bed, if the patient desires.

43. If your patient is receiving oxygen you may
    A. Offer fluids frequently.
    B. Turn the oxygen on and off as the patient desires.
    C. Use a woolen blanket on his bed.
    D. Instruct visitors not to smoke.
    E. Give mouth care frequently.

44. If your patient convulses, you should observe the following while he convulses
    A. How long the convulsion lasts.
    B. Your patient's skin color.
    C. Your patient's T.P.R.
    D. Where the convulsion started.
    E. If your patient was incontinent.

45. If you were with your patient when he died, you might
    A. Call the doctor.
    B. Notify the nurse.
    C. Help wash him.
    D. Stay in the room with the relatives.
    E. Help wrap him in a morgue sheet.

46. Younger adults (19-50 years old) generally experience
    A. Choice of occupation.
    B. Family demands.
    C. Menopause (women)
    D. Menopause (men).
    E. Increased interest in church.

47. Special safety needs of older adults include the need for protection from
    A. Falls.
    B. Burns.
    C. Poisoning.
    D. Medication overdoses.
    E. Cuts.

Briefly answer the following questions:

48. What are 3 reasons a patient may be confused?
    a.
    b.
    c.

49. Why might your patient be uncooperative?
    3 reasons
    a.
    b.
    c.

50. What are 3 "problems of aging"?
    a.
    b.
    c.

    Name one safety measure which is related to each of these problems.
    a.
    b.
    c.

51. Name three ways to help prevent pressure sores on your bed-ridden patient.
    a.
    b.
    c.

52. How would you clean a rectal tube before sending it to Central Supply?
    a.
    b.
    c.
    d.

Answers: 1-B, 2-B, 3-C, 4-D, 5-C, 6-C, 7-B, 8-B, 9-A, 10-A; 21 low calorie; 22-99^6R; 23-three to five; 24-exchange; 25 through 28-meat and eggs, fruit and vegetables, bread, milk; 29-two; 30-two; 31-A,C,D; 32-A,C,E; 33-A,B,C; 34-D,E; 35-A,B,C,E; 36-A,C,D; 37-A,B,C,E; 38-A,C,E; 39-A,D,E; 40-B,C,D; 41-A,D,E; 42-A,C; 43-A,D,E; 44-A,BD,E; 45-B,C,D,E; 46-A,B,C; 47-A,B,D,E; 52-rinse with cold water, wash with warm soapy water, re-rinse, dry.

Scoring: one point for each correct answer minus one point off for each incorrect answer = student score.

PART V

SUPPLEMENTAL COURSE FOR HOME HEALTH AIDES

INTRODUCTION

These lessons will usually be given as a separate unit or by the employing agency depending upon the local situation. When taught by the employing agency, this information should be combined with the orientation to the agency.

The objectives of this unit are to assist the home health aide to:

1. Develop a deeper understanding of the functions of the Home Health Aide.
2. Develop a deeper awareness of social and psychological factors involved in being the helping person.
3. Develop ability to adapt patient care to the facilities available in the home.
4. Demonstrate increased ability to work with nutrition and food service.
5. Further develop abilities to manage housekeeping tasks.

Familiarity with the Nurses' Aide Course, Part IV, and Guidelines for Employing Agencies, Part II, is basic to teaching these lessons. The Student Syllabus would be developed as in Exhibit XVI, page 39. The proposed schedule is Exhibit XX, page 123.

When possible, professional personnel as occupational therapists, physical therapists, speech therapists, nutritionists, home economists and social workers should demonstrate care to be given and supervise the return demonstration.

EXHIBIT XX

SAMPLE SCHEDULE

HOME HEALTH AIDE SUPPLEMENT

Lesson 1 Home Health Aide 3 Lesson 2 Food Preparation 3	Lesson 3 Menu Planning 3	Lesson 4 Purchasing 3 Cooking lab 3	Cooking lab 3	Cooking lab 3	21
	Home visit Observation 3		Home visit observation 3	Home visit observation 3	9
Lesson 5 Management and Housekeeping 6	Cooking lab 3			Summary Final exam 3	12
	Home visits 3	Home visits 6	Home visits 6	Home visits 3	18

Total hours	
Theory	33
Practice	27
	60

TEACHING AIDS*

Suggested Pamphlets:

Armour and Company Chicago, Illinois 60609	"Armour Fresh Meat Study Guide" 1956
Colorado Heart Association 1375 Delaware Denver, Colorado 80204	"Take It Easy" 1961 (Request other materials which teach to conserve energy.)
Colorado State Dept. of Public Health 4210 E. 11th Avenue Denver, Colorado 80220	"More Appeal for the Every Day Meal" "Public Health Nurses' Function in a Local Health Program"
Cook County Department of Public Aid Chicago, Illinois	"Your Housekeeping Guide" 1966
General Foods Corporation 250 N. Street White Plains, New York	"The Home Meal Planner" 1957
Gerber Products Company Fremont, Michigan 49412	"Making Meals More Appealing for Special Diets" 1959
Manager, Home Economics 20 Mule Team Products, U. S. Borax 3075 Wilshire Blvd. Los Angeles, California 90005	"A Healthy Wash - A Happy You"
Superintendent of Documents U. S. Government Printing Office Washington, D.C. 20402 (These may be available through the local extension office.)	"A Clean Bathroom" 1966 (PA-740) "A Clean House is Important" 1966 (PA-739) "A Clean Refrigerator" 1966 (PA-733) "Be a Good Shopper" 1965 5¢ "Clean Clothes Closets" 1966 (PA-738) "Clean Dishes" 1966 (PA-737) "Clean Floors" 1966 (PA-736) "Clean Walls, Ceilings and Woodwork" 1966 (PA-741) "Clean Windows, Mirrors and Other Glass" 1966 (PA-742) "Cold Facts about Home Food Protection" 1964 (PHS-1247) "Conserving the Nutritive Values in Foods" 1965 (G-90) 10¢ "Eggs in Family Meals" 1965 (G-103) 10¢ "Family Food Budgeting" 1964 (G-94) 10¢ "Family Meals at Low Cost" 1962 (PA-472) 10¢ "Hot Tips on Food Protection" 1966 (PHS-1404) 10¢ "Managing Your Money" 1964 10¢ "Many Hands Make Housework Light" 1966 (PA-735) "Nutrition - Up to Date and Up to You" 1960 (G-57) 15¢ "What to Use to Clean Your House" 1966 (PA-730) "When to Do Housecleaning Jobs" 1966 (PA-734) "You Can Prevent Foodborne Illness" 1963 (PHS-1105) 5¢

*Also use those suggested in nurses' aide course.

Suggested films:

Colorado State Dept. of Public Health (obtain through local health dept.)	"Almost a Miracle" 22 min "Safe to Live In" 15" film and transcription 33 1/2 rpm (Follow with check sheet for own home.) "The Home Health Aide" 20 min

EXHIBIT XXI

HOME HEALTH AIDE JOB DESCRIPTION

General Description:

Performs limited personal service under the direct supervision of a professional nurse and is responsible to perform only assigned tasks and report other situations immediately. Gives those supportive personal services which are supplementary to the professional nurse and are required to provide and maintain normal bodily and emotional comfort and assist the patient toward independent living in a safe environment. When it is appropriate, supervision will be given by the physical, speech, or occupational therapist.

The work performed includes:

1. Helping patient with bath, care of mouth, skin, and hair.
2. Helping patient to bathroom or in using bed pan.
3. Helping patient in and out of bed; assisting with ambulation.
4. Helping patient with prescribed exercises which the patient and home health aide have been taught by appropriate professional personnel.
5. Performing such incidental household services as are intimately related to the patient's health care at home, such as, straightening the patient's room, preparing food, and washing of the dishes used.
6. Other tasks could be assigned within the agency which would facilitate the activities of the professional personnel.

Minimum Qualifications:

Age: Open.

Education and Experience: 1) Has successfully completed pre-employment preparation in Nurses' Aide Course approved by the Colorado State Department of Public Health and Colorado State Board for Community Colleges and Occupational Education. 2) Other training and experience can be evaluated and appropriate preparation required.

Health: Good general health and absence of any illness or disability that would interfere with performance. Physical examination by a physician is required which includes a chest X-ray or tuberculin test.

Sex: Either male or female.

Personal: Demonstrates emotional and mental maturity by having had a stable work experience and/or cared for persons at home, is interested in and sympathetic toward caring for the sick at home, substantiated through references.

Salary: The salary should start above the federal minimum salary standard. Merit increases of five per cent (5%) annually for five years plus a longevity increase are recommended.

Transportation: 1. If an automobile is needed, home health aide must have a current Colorado Driver's license.

2. When automobile is individually owned:

(a) Minimum of 8¢ per mile is paid in line of duty.

(b) Requirements for automobile insurance coverage should be established to adequately protect the nurse and agency. Recommended is $50,000 personal damage, $10,000 liability, with the addition of insurance to protect the driver against the uninsured driver. (Available for small additional fee.)

3. Reimbursement of actual cost when public transportation is used.

LESSON 1

HOME HEALTH AIDE

Time: 3 hours
Supplies:
Rules: Agency and Social Security
Job description (Exhibit XXI, page 126)

Visual aid:
Film: "The Home Health Aide" - 20 minutes
Guest lecturers:
Social Worker
Public Health Nurse
Home Health Aide Supervisor

CONTENT	PURPOSE	EXPECTED BEHAVIOR
I. Role of home health aide A. *Social Security law rules as to duties and responsibilities B. *Job description C. As a part of the Community Health Team *Film: "The Home Health Aide" D. Personnel policies of employing agency	Observation Rehabilitation	Able to compare nurses' aide duties in hospital and nursing home with those of the home health aide.
II. Reasons for providing this service A. Help patient go home sooner B. Keep patient in home longer		Able to identify factors in interpersonal relationships which would help or hinder the home health aide's function.
III. Giving personal care A. Assist family and patient toward maximum self help, understanding and acceptance of limitations B. Teach by example: 1. Enable family to achieve greater flexibility in functions, e.g., housekeeping, child care 2. Save time and energy		Can describe value of home health aide to family. Can relate activity variance to age group being served.
C. Assist other professional personnel; e.g., assist with exercises demonstrated by physical therapist; assist with changes in ADL as demonstrated by occupational therapist.	Supervision by other therapeutic services	
IV. Developing a working relationship with family A. Become acquainted; e.g., listen, show interest in person, don't get involved in medical problem B. Plan with patient for day's activities C. Wash hands before starting to work and after finishing in each home	Development of a "good" interpersonal relationship	Able to listen with a reassuring manner. Can listen to problems without giving advice.

CONTENT	PURPOSE	EXPECTED BEHAVIOR
D. Take into consideration the individual's desires 1. People resist change, fear of unknown; so go slow 2. Treat as an individual with rights and feelings, don't get angry 3. Use a positive approach 4. In relation to food a. Emotional aspect b. Likes and dislikes		Able to allow patient to display weakness as well as strength.

Quiz:

1. What does a home health aide do?

2. How does the patient or family benefit by having service from the home health aide?

3. What would you do if that "crabby old lady" told you, "Stay out of my kitchen!" when you had instructions to prepare a meal.

LESSON 2

FOOD PREPARATION AND MEAL SERVICE

Time: 3 hours - class
9 hours - cooking laboratory
Supplies:
Cooking laboratory
Foods for preparing selected recipes

Guest lecturer:
Nutritionist, home agent, or home economist
Assignment:
Booklets

CONTENT	PURPOSE	EXPECTED BEHAVIOR
I. Food preparation A. Protein foods 1. Meat a. General considerations 1) Generally cooked at low to moderate temperature b. Methods of cooking 1) Dry heat (tender cuts of meat) a) Roasting b) Broiling c) Frying d) Deep fat frying 2) Moist heat (less tender cuts of meat) a) Braising - oven, top of stove b) Stewing c) Cooking in liquid 2. Eggs a. General considerations 1) In order to prevent salmonella and other infections, do not use cracked eggs 2) Cook at low temperatures to prevent toughening b. Methods of cooking 1) Soft and hard cooked a) Cold water method b) Hot water method 2) Poached 3) Fried 4) Baked 5) Scrambled 3. Milk a. General considerations 1) Milk or milk dishes should be cooked at low temperature to prevent coagulation, curdling, scorching and change in flavor b. Kinds and uses 1) Fresh 2) Evaporated 3) Dried non fat	Principles of Cooking	Demonstrates understanding of food preparation during the cooking laboratory periods. Able to explain why results of cooking were "good" or "bad". Demonstrates ability to prepare foods in an appetizing manner.

CONTENT	PURPOSE	EXPECTED BEHAVIOR
4. Cheese - should be cooked at low temperatures to prevent it from becoming tough and stringy and curdling in sauces		
B. Vegetables 1. General considerations a. Should be tender but firm, have a bright characteristic color and pleasing flavor, and retain maximum nutritive value which is dependent upon selection, storage, cooking method and time elapsed between preparation and cooking and between cooking and serving b. Vegetables should be cooked in a small amount of boiling H_2O only until tender 2. Methods of storing a. Fresh b. Canned b. Frozen		
C. Cereals 1. Measure H_2O accurately - bring to brisk boil 2. Measure cereal accurately - stir cereal slowly into H_2O so that boiling does not stop 3. Stir mixture as it thickens to prevent sticking and lumping 4. Rice should be kept covered throughout cooking to prevent gumming		
II. Sanitation		
A. Personal hygiene and frequent handwashing	Control infection	
B. Cook thoroughly all poultry, fish, and pork		
C. Make sure all equipment and working surfaces are clean before using		
D. Scrub thoroughly with soap and H_2O immediately after use to prevent cross contamination of all chopping boards, knives and work surfaces used in preparing poultry, meat and fish		
E. Wash thoroughly all fresh fruits and vegetables		
F. Clean top of canned goods before opening		
G. Keep hot foot hot and cold food cold - keep to a minimum the length of time food held at room temperature		

CONTENT	PURPOSE	EXPECTED BEHAVIOR
H. Wash dishes adequately		
III. Meal service		
A. Good emotional environment		
B. Good physical environment		
C. Food attractively served		
IV. Qualities of a "good cook"		
A. Emphasize cleanliness and frequency of handwashing		Can describe important points of a "good cook".
B. Value of interest and practice		
C. Efficiency		
D. Plans for "likes" of patient		Prepares tasty, attractive, appropriate food.
E. Able to estimate amount needed, avoid waste		
F. Able to adapt food preparation to facilities and ingredients available		
G. Use leftovers		
H. Observe safety measures, e.g., pot handles should be over stove, slide solids into hot liquids, wipe up spills to prevent slipping, use a damp paper towel to clean up shattered glassware, sharp instruments and edges should be placed to avoid cuts, measures to prevent fires, help children avoid hazards in kitchen		

Quiz:

1. Indicate whether you would use a moist heat or dry heat to cook the following -
   - Short ribs
   - Chuck roast
   - Rib roast
2. Do you cook most protein foods at a high or low temperature?
3. How do you control infections carried by foods?
4. What are 5 safety measures you would use in the kitchen?
5. Name 3 foods that you could broil.
6. What factors do you consider when cooking vegetables?

GUIDE FOR COOKING LABORATORIES

Periods of 2-3 hours each for 3 or 4 times.

Stress:
1. Efficiency (having ingredients at hand, etc.).
2. Economical food preparation.
3. Safety habits.
4. Keeping work area orderly and clean.
5. Dishwashing.
6. Clean-up.

Cook:
1. The principles of cooking may be demonstrated by preparing the following:
   A. Hamburger patty
   B. Eggs - hard cooked
   C. Broccoli or any green vegetable
   D. Potatoes
   E. Rice
   F. Cream sauce with and without fat
   G. Custard
   H. Cocoa or milk soup
2. If time permits, cook both properly and improperly to show the difference.
3. To demonstrate modified diets, prepare items for sodium restricted diets and fat restricted diets.
4. Use Meal Planning with Exchange Lists, dessert recipes for diabetic and low calorie diets.

Storage:
1. Preparation for storage.
2. Freeze casseroles and T.V. dinners.
3. Refrigerate cooked foods for use next day.

Serving:
1. Tray setting.
2. Table setting.
3. Each student to be hostess for family style serving.

LESSON 3

MENU PLANNING

Time: 3 hours
Supplies:
Basic 4 chart
Exchange Lists
Food displays
Newspaper
Assignment:
Booklets

CONTENT	PURPOSE	EXPECTED BEHAVIOR
I. Menu planning		
A. Principles	Review basic nutrition	Able to list food groups.
1. Nutritional requirements of persons to be served - varying with age and activity level - review of Basic 4 and needs of various age groups		
2. Differences in ethnic, cultural and familial backgrounds as well as likes and dislikes of persons to be served affect eating habits and must be considered in establishing menu patterns and selecting foods	Consideration of the social, emotional, cultural or familial aspects on menu planning	Demonstrates an awareness of the interrelationship of the various aspects which may alter the menu planning.
3. Appetite appeal of meals - contrasts in color, flavor, texture, temperature and form		Awareness of cultural need demonstrated by an accepting manner.
4. Consideration of money, time and equipment		Can suggest foods according to relative costs as well as nutritional value.
B. Steps in menu planning		
1. Plan several days' meals at one time, planning a week's menu is desirable		Considers family food budget.
2. Consider foods that are in season and foods which are on sale		Checks newspaper to determine good food buys.
3. Check food on hand, including leftovers		Plan a week's menu using the Basic 4.
4. It is generally good in planning menus to begin with main dish and add other important foods to make meals complete		Can explain use of specific foods in terms of their nutritional values.
5. Check menus for: a. Nutritional adequacy - Basic 4 b. Eye appeal c. Variety d. Contrast in flavor, texture, and color e. Suitability for patient's needs		Able to plan balanced diets while applying the various aspects which affect acceptable menus for the patient.
II. Diet modifications, e.g., clear and full liquid, soft, caloric modification, diabetic, sodium restricted, fat restricted	Plan menus with diet modifications	Can describe main points of special diets.
A. Use regular menu as basic guide		

CONTENT	PURPOSE	EXPECTED BEHAVIOR
B. Carefully include or exclude items according to patient's diet order and diet instructions C. Review with supervisor before preparing modified diets in a home		Demonstrates ability to use Exchange Lists in modifying preceding menus.

Quiz:

1. To which food group does each of these foods belong?

ham__________
eggs__________
cake__________
dry beans__________
green peas__________
oatmeal__________
oranges__________
cheese__________
potatoes__________

2. What can be substituted for meat in order to have variety and to help keep the cost of meals down?

3. List basic food groups and principal nutrients each supplies.

4. For what four things do you check menus?

5. What are four things which would be limited on a sodium restricted diet?

6. What are four things which would be limited on a fat restricted diet?

LESSON 4

PURCHASING

Time: 3 hours
Activity:
Trip to Supermarket

Assignment:
Booklets

CONTENT	PURPOSE	EXPECTED BEHAVIOR
I. Market order A. Use planned menus B. Check newspapers for best buys and specials C. Determine food on hand	Marketing practice	Prepare market order from planned menus.
II. Shopping A. Schedule according to time, travel, convenience, effect on patient B. Compare costs 1. Check weights and measures of containers to determine cost per serving 2. Check difference in cost between frozen, fresh, canned items C. Buy appropriate size container considering amount needed and amount and kind of storage available D. Select quality according to way food is to be used 1. Broken pieces of fruit for cobbler or pie and whole pieces for salads 2. Lower grade eggs are suitable for cooking in combination with other ingredients E. Consider above factors in selection of 1. Meat 2. Fruits and vegetables 3. Milk 4. Breads and cereals		Demonstrates ability to select foods appropriately.
III. Storage A. Factors to consider 1. Preserving nutritive value 2. Preserving eating quality 3. Amount and kind of storage available B. Discuss storage of 1. Meat, poultry, and fish 2. Eggs		

CONTENT	PURPOSE	EXPECTED BEHAVIOR
3. Fresh fruits and vegetables 4. Fats and oils 5. Canned foods 6. Frozen foods 7. Dried foods		
IV. Record of expenditures		
A. Importance of submitting record to patient		Maintains adequate records for patient's information.
1. Keep patient informed of what you are doing		
2. Help patient keep records and plan for future		
3. Legal aspects	Legal aspects	
B. How 1. Save receipts for purchases 2. Save shopping lists		

Quiz:

1. What must you do before shopping, if you are to make the most of your grocery money?

2. How can you save money when buying groceries?

3. Why should you give the patient a record of what you have spent?

4. What would you look for in buying fresh fruits and vegetables?

LESSON 5

MANAGEMENT AND HOUSEKEEPING

Time: 6 hours
Supplies:
   Home to clean with available cleaning materials
Visual aids:
   Film: "Safe to Live In"

Guest lecturer:
   Occupational therapist or home economist
Assignment:
   Booklets

CONTENT	PURPOSE	EXPECTED BEHAVIOR
I. Personal management of time and energy A. Physical fitness 1. Qualities; e.g., alert, poise, tire less easily, more energy, good appearance 2. How to achieve- daily exercise, moderation in habits	Communication	Alert: attendance is punctual and regular. Demonstrates ability to organize personal life so she can manage her job as nurse's aide. Adjusts easily to change.
B. Self-organization 1. Value - save time and energy, less stress 2. Ways to organize one's own time	Planning and organization of time and energy	Can describe and utilize more than one way of doing things.
II. Management of daily routine A. Work plan 1. Establish priorities, e.g., Gotta, Oughta, Wanta, Forget 2. Planning for day, week, month a. Around family and needs b. Cooperation of entire family 3. Flexibility to change when need arises 4. Heavy work at the times when each functions best B. Conserve time, energy and materials by organizing equipment 1. Inventory of available equipment and make list of what is needed 2. Consider available substitute 3. Convenient storage		Demonstrates ability to plan and accomplish housekeeping tasks.
C. Plan with the family 1. Routine tasks 2. Rearrangement of work area and equipment if needed 3. Adaptation for handicapped persons		Aware of importance of planning with the family. Able to tactfully approach family to institute changes.

CONTENT	PURPOSE	EXPECTED BEHAVIOR
III. Performance of housekeeping tasks discussing different ways of doing housekeeping tasks, values of each, individual needs		
Demonstrate		Return demonstration using good organization and body mechanics to accomplish the most in the least amount of time and with minimum energy output.
A. Kitchen		
1. Refrigerator, e.g., clean and defrost		
2. Stove, e.g., clean and protect with foil		
3. Cupboards and counters		
4. Floors		
B. Bathroom		
1. Fixtures, e.g., remove odors, stains		
2. Floor		
3. Linens, e.g., best to each have own, hang in circulating air		
C. General cleaning		
1. Floors		
2. Furniture		
3. Other		
D. Laundry and ironing to have clean clothes ready for immediate use		
1. Sorting according to family needs and method of washing - hand, home, laundromat (family pays)		
E. General		
1. Cleaning is preferable to use of aerosol sprays, deodorizers		
2. Insect control by window and door screens being in good repair	Infection control	
IV. Safety in encouraging family to be aware of and remove safety hazards		
A. Electrical: frayed cords, faulty appliances		
B. Proper storage		
1. Relieve congestion		
2. Prevent fire, e.g., remove oily rags, mops		
3. Prevent poisoning of children and in food preparation		
C. Proper labeling		
D. Specific needs of patient, children, etc.	Growth and development	
*Film: "Safe to Live In".		

CONTENT	PURPOSE	EXPECTED BEHAVIOR
V. Family pets A. Care needed by dogs, cats, birds, fish B. Assist family to give the care C. Meaning of the status given to pets by the family D. Limitations which may be necessary	Healthful environment	Able to assist with care of pets

Quiz:

1. How does "physical fitness" help you?

2. How do you "save time by planning"?

3. What do you mean when you say, "Put first things first"?

4. Why do you clean and defrost a refrigerator?

5. Why should you plan with the family for your patient's care?

6. What safety measures would you use in the home?
List at least 6.

TAKE THE RUSH OUT OF LIVING

By Madeline E. Moos

About a year ago a Home Demonstration Agent was on her way to a national convention in New Orleans. When she changed trains at Dallas there were only five minutes to get from one track to the other instead of the 30 minutes the time table indicated. As she made a mad dash for the train a porter signalled her to slow down. "Lady", he said in his raspy Southern voice, "You better take it easy or you're gonna get Americanitis." "Americanitis? What's that?" she replied. "Lady, I can't say what Americanitis is, but I sure can tell you how it acts. Americanitis is runnin' up an escalator!"

Americanitis is more than running up an escalator.

Americanitis is starting late and rushing to catch up - racing with the clock.

Americanitis is having 3 places to go on the same night and going to all three!

Americanitis is having more leisure time than we've ever had before and complaining because "there isn't time to do what we really want to do".

Americanitis is coming to the end of some construction on the highway and seeing before you on the right a sign that says "Speed Limit 70 mi. per hr." And on the left a sign that says "Slow Down and Live." And when the sign says 70 mph., we think we ought to go that fast.

Yes, Americanitis is running up the escalator. We rush our bodies and we rush our minds. We seem to ignore the fact that low gear gives us less speed but more power. And when we rush our minds - even though our bodies are still, we get tense.

There are at least three people in this audience who are rushing - who are tense - their bodies are sitting in a chair but their minds are rushing them into a state of tension.

One of these people has just remembered something she should have done before she left home this morning. She's so upset about it that she will fret from now 'til she gets home - and she won't hear a word I say.

Another one of you has someplace else to go tonight and you're trying to figure out how to get from here to there and do all the things that have to be done in the interim. You're tense - your mind is rushing.

Another one of you rushed around early this morning, but had to leave so many things undone at home that you don't know how you can ever face your family. Now you feel guilty about being here. You're uncomfortable - Relax - your mind is rushing things. Won't you be disappointed when you get there and find they haven't noticed a thing! - - all that guilt for nothing!

A few weeks ago at our Annual Extension Conference, a Fort Collins minister challenged us by saying that our job as educators is to comfort the afflicted and afflict the comforted. That's just what I hope to do here today. I have five main points for you to think about in taking the rush out of living. Each point will comfort some of you and afflict others. And each of you will be comforted by some points and afflicted by others. Maybe you'd like to keep score as we go along and see how you tally - if you're comforted by more points than you are afflicted then you've made a good start on time management. If it's the other way around, maybe you need to change your ways.

Point Number 1 is this: You are not indispensable. The first time you become aware of this it may be somewhat of a jolt. You are important, yes. You have many responsibilities, yes. But the fact remains that if you and I (Heaven forbid) don't get home alive tonight the world will go right on without us. And we'd all be surprised and proud to see how our families rise to the situation. I'll let you in on a little secret. As I drove over here from Fort Collins I came with a feeling of importance - I came feeling that I had a responsibility at this meeting and to each of you. Yet I knew that you could get along without me if something happened. By now you're probably wishing something had happened! Be that as it may - we all need to feel important - but none of us is indispensable. The place where we fail the most often is in handling the situation of illness in the face of responsibility. In rushing, rushing, rushing, we over-tax our bodies, our resistance gets low, we catch cold, and we keep right on going at 70 mph instead of slowing down. When we do this we deny our families the opportunity to find out how much we've really been doing. Look at it this way, they will appreciate you much more after you've been out of action for a day and leave everything undone. And you'll be delighted to find out that Johnny can really wash dishes and Dad can make a good pot of stew. You are important but you are not indispensable. Are you comforted or afflicted?

Point Number 2 - For the most profitable use of time you must get physically fit and keep fit. You will notice that I did not say "you must be physically fit" because this implies that some of you might already be fit. Most of us in this pushbutton age are not physically active enough to feel and look well. This was demonstrated by a study we made several years ago which showed that, although many American children participate in sports and take physical education in school, more than half of those given tests for minimum muscular fitness failed, while only a small percentage of European children were unable to perform these simple tests. These results were brought to the attention of President Eisenhower, and he was so shocked that he issued an executive order establishing the President's Council on Youth Fitness. If our youth are not fit, I wonder how we as adults measure up. You say you are so busy now that you don't see how you could possibly be more active. But take a look at what you do each day in terms of physical activity. You ride everywhere you go, you sit when you get there, push buttons when you get home, and watch TV all evening. Life is more and more sedentary and more and more tense. No wonder we have people who are overweight - no wonder we have aches and pains. Some experts give physical inactivity a prominent place among the factors leading to coronary and other degenerative diseases. When you are fit you feel on top of the world. What is fitness? Here I would like to quote Bonnie Prudden, who is a member of the President's Committee on Fitness which I mentioned earlier: "If you are a young adult, being in good physical shape means having the ability to compete professionally, the good appearance, the energy, the poise to make your mark in the world. It means having the gift of quick recovery from a day of stress on the job, so that you can devote the rest of your time to your young family -- or, if you haven't one yet, to finding the right partner with whom to build one. For the young wife and mother, it means having the body to bear children easily, being able to cope with bringing them up, and having some energy left over for outside pursuits.

"If you are a middle-aged adult, being fit means having endurance and zest, keeping physiologically young while your chronological age inevitably increases. It means preventing "middle-aged spread" and a tendency literally to go to pot. It means the ability to compete professionally with younger adults. For the middle-aged woman it means having the energy to make a pleasant home for her family and, if the children have grown up, to seek new interests outside the home. For both husbands and wives it means keeping the handsome bodies with which they first attracted each other.

"If you are an older person, fitness can mean the difference between living your own life and having to depend on someone else. It can mean that you are not too tired for all the things you have always wanted to do and now have the time and freedom for. It means taking advantage of these years as a boon and not enduring them as a burden by retaining an attractive appearance and your self-respect--living a full life for your entire life."

Deciding right now to take a 10 minute walk every day might be the smartest decision you ever made. You are never too old to be fit. It's never too late to start. Are you comforted or afflicted?

Point Number 3. You can help take the rush out of living by taking advantage of peak periods. When I was in college, I used to have a teacher who literally scared me half to death. I had her for a 9 o'clock class and she was so serious, so demanding, and she never smiled. Later in the year I had an afternoon laboratory under her supervision and as the afternoon wore on she became utterly delightful.

She smiled, she was cheerful -- and I began to think she had turned over a new leaf. One day she had to be gone to attend a funeral and she asked me to be in charge of the lab. While we were making the necessary arrangements she somehow let it slip out that she always felt ugly in the morning but that late afternoon was her best time of day. Needless to say, after that I arranged all my conferences in the afternoon! But the point is this -- we each have a peak period every day. You may be like my teacher and have it in the afternoon - or you may be like me and feel your best very early in the morning. Find out when you feel the best each day and take advantage of it. Work with force and drive - this kind of tension is good - then when the peak is over, relax.

There's a monthly as well as a daily peak. You already know that women operate at their fullest at certain times of the month. Smart husbands know their wives are cyclical and they avoid asking favors when their wives are at low ebb. Smart women know they are cyclical, too, and they utilize their cyclical high points to conquer the world! Learn to identify your monthly peak periods and go at it - clean everything in sight, wash the curtains, stay up half the night crocheting, write 15 letters that have been due for 6 months, and when it's over - relax - you need to. Are you comforted or afflicted?

Point Number 4 . . . . . to take the rush out of living is to . . . . .

Get Organized - Did you ever notice how women who hold jobs outside their homes seem to manage better than their sisters who stay at home? I don't mean to imply that you should all go to work to learn how to manage. But when a wife works she figures out ways to get things done in 15 minutes rather than taking an hour. There's a time theory that people tend to take as much time as they have for a given task - if they have a 10 minute job to do and have an hour to get it done, they take an hour - if they have 10 minutes they get it done in 10 minutes. Sometimes there's a 10 minute job and only 5 minutes to get it done. Here the decision is whether to do half a job or not even start. In either case something is left undone. It's these undone things that keep us rushing. But we need to learn to live with work undone - - we'll always have some.

To get organized, I suggest that you take a sheet of paper and make 4 vertical columns. The first column you can label "Gotta". Here you can list all the things you gotta do. The second column you can label "Oughta" - and list all the things you oughta do. The third column you can label "Wanta" - and list all the things you wanta do. And here is where I'd advise you to let your imagination run wild - put down your wildest dreams. Putting off fun until tomorrow is continuing the rush of living. Having fun is one way of slowing down. Enjoy yourself everyday doing at least one thing you really want to do. I have a sign in my office which I would like to share with you. It says: "You can do anything you want to, (1) if you want to badly enough, (2) if you believe in it, (3) if you work hard enough at it, and (4) if you don't care who gets the credit for it.

Now we have the gotta's, the oughta's, and the wanta's. If you're going to accomplish these there may be a few things that you'll just simply have to forget about - So label the 4th column "Forget" - When all the things are listed you can begin to evaluate. Are there some things you can get help with, are there some things that are more urgent than others - set priorities in each column. This little exercise will not only help you get organized but it will give you much more perspective. Sometimes we are so befuddled that we get like the little boy who went on his first plane ride. After getting up higher and higher, he turned his puzzled face to his mother and said, "When do we start getting smaller?" Yes - we need perspective - we need to be organized - we need to know what we gotta, what we oughta, what we wanta and what needs to be forgotten. Are you comforted or afflicted?

Point Number 5. To take the rush out of living is to have flexible standards. Now I know there were some of you shaking your heads a minute ago when I said to make a list of the things you "wanta" do. You looked up at me like martyrs as much as to say "but there's never time for that because the gotta's and the oughta's use all the time". Let me assure you ladies that if you don't take time for yourself you will sorely regret it. It is a sad thing that so many of our elder citizens whose lives have been lengthened because of medical progress actually wish they were dead. They are so bored that they can hardly wait for each day to end. Why? Partly, because they never took time for themselves when they were younger, they didn't take time to have fun every day, they didn't take time to develop interests which would help fill the lonely hours of golden age.

So what has all this got to do with flexible standards? Just this - - I think that once in a while you should shut the door on unmade beds and dirty dishes and have yourself a fling - (Now are you comforted?) "No", some of you are saying, because there's such a mess when I get back". Okay, take your choice. Have fun or stay home and feel virtuous because all the chores are done - go ahead and be bored.

Flexibility is the key to time management and flexible standards can help you keep in low gear with lots of power. There was a lady who was telling about the way she dusted. There are 3 kinds of dusting, she explained. One kind where you dust everything -- every nook and corner -- One kind where you just do the tops of things that show -- like the piano and the tables. And then there's one kind where you just draw the blinds. Believe me, ladies, it is just as important for you to know when to draw the blinds as it is to know how to dust. Keep you standards flexible -- perfection all the time is too hard to live with. Are you comforted or afflicted?

And how is your score? -- pretty sad?

You know, there is something discouraging about all this to me. I have told you to recognize that you are not indispensable, I have told you to get physically fit, to take advantage of peak periods, to get organized, and to have flexible standards. And when you come right down to it there isn't one thing there that you didn't know already -- You know all of these things before you ever came here today. Why are people like that? Why do we do things the hard way when we know there is a better way? Why do we rush -- because that's the pace of the space age? -- No, because we don't have willpower enough to take ourselves in hand and do something about it. In closing, I would ask you to:

Take time to work - it is the price of success.
Take time to think - it is the source of power.
Take time to play - it is the secret of perpetual youth.
Take time to read - it is the fountain of wisdom.
Take time to be friendly - it is the road to happiness.
Take time to dream - it is hitching your wagon to a star.
Take time to be loved - it is the privilege of the gods.
Take time to look around - it is too short a day to be selfish.
Take time to laugh - it is the music of the soul.

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